

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90128 029 ***150.00

DOCUMENT # P05000059150

1. Entity Name
BAY AREA PULMONARY SLEEP LAB, INC.



Principal Place of Business
500 VONDERBURG DR. SUITE 211
BRANDON, FL 33511

Mailing Address
500 VONDERBURG DR. SUITE 211
BRANDON, FL 33511

4004000



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2718733

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

ENGLAND, RICHARD E
500 VONDERBURG DRIVE
STE 21
BRANDON, FL 33511

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ENGLAND, RICHARD E 500 VONDERBURG DR., STE 21 BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AXEL, JONATHAN P 500 VONDERBURG DR., STE 21 BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MARTINEZ, RAFAEL 500 VONDERBURG DR., STE 21 BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/07 813-689-1247
Date Daytime Phone #