

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2007 8:00 am
Secretary of State

04-06-2007 90048 050 ***150.00
07-11-2007 90078 027 *****8.75

DOCUMENT # P06000016844					
1. Entity Name SLEEP CENTER OF SOUTH FLORIDA INC.					
Principal Place of Business 1876 TRAILSIDE PATH 110 STUART, FL 34997			Mailing Address 1876 TRAILSIDE PATH 110 STUART, FL 34997		
2. Principal Place of Business - No P.O. Box # 1801 SOUTH 23RD STREET		3. Mailing Address 1801 SOUTH 23RD STREET			
Suite, Apt. #, etc. #10		Suite, Apt. #, etc. #10			
City & State FORT PIERCE FL		City & State FORT PIERCE FL			
Zip 34950		Country ST LUCIE		Zip 34950	
		Country ST LUCIE		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DUTHIE, MAX A 1876 TRAILSIDE PATH 110 STUART, FL 34997			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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:  MAX A DUTHIE PRESIDENT 7-3-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DUTHIE, MAX A 1876 TRAILSIDE PATH STUART, FL 34997	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  MAX A. DUTHIE AGENT 7-3-07 112-233-288 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					