2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2012
Secretary of State

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Entity Name: SLEEP MEDICINE SPECIALISTS OF SOUTHWEST FLORIDA, P.A.

Current Principal Place of Business:

13670 METROPOLIS AVE
SUITE 101
FORT MYERS, FL 33912 US

New Principal Place of Business:

Current Mailing Address:

13670 METROPOLIS AVE
SUITE 101
FORT MYERS, FL 33912 US

New Mailing Address:

FEI Number: 20-4793881 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NELSON, J. MICHAEL
13670 METROPOLIS AVE
SUITE 101
FT. MYERS, FL 33912 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PDST
Name: HANNON, HOLLY C
Address: 13670 METROPOLIS AVE., SUITE 101
City-St-Zip: FT. MYERS, FL 33912

Title: VP
Name: NELSON, J. MICHAEL
Address: 13670 METROPOLIS AVE SUITE 101
City-St-Zip: FORT MYERS, FL 33912

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: J MICHAEL NELSON VP 03/23/2012

Electronic Signature of Signing Officer or Director Date