

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000032058

FILED
Feb 01, 2011
Secretary of State

Entity Name: CENTER FOR SLEEP AND LUNG DISORDERS INC.

Current Principal Place of Business:

1950 LAUREL MANOR DRIVE
SUITE 204
THE VILLAGES, FL 32162

New Principal Place of Business:

753 HIGHWAY 466
SUITE 204
LADY LAKE, FL 32159

Current Mailing Address:

1950 LAUREL MANOR DRIVE
SUITE 204
THE VILLAGES, FL 32162

New Mailing Address:

753 HIGHWAY 466
LADY LAKE, FL 32159

FEI Number: 20-8504401

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UPADYA, ANUPAMA
1950 LAUREL MANOR DRIVE
SUITE 204
THE VILLAGES, FL 32162 US

Name and Address of New Registered Agent:

UPADYA, ANUPAMA
5640 SPINNAKER LOOP
LADY LAKE, FL 32159 US

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

02/01/2011

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: UPADYA, ANUPAMA
Address: 5640 SPINNAKER LOOP
City-St-Zip: LADY LAKE, FL 32159

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: A. UPADYA

Electronic Signature of Signing Officer or Director

P

02/01/2011

Date