

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000083711

FILED
Jan 16, 2008
Secretary of State

Entity Name: SOUTH FLORIDA SCHOOL OF SLEEP MEDICINE, INC.

Current Principal Place of Business:

9380 SW 150 STREET
SUITE 200
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

9380 SW 150 STREET
SUITE 200
MIAMI, FL 33176

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KORNFIELD, CLIFFORD
11400 SW 68 COURT
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

KRAINSON, TERI
9380 SW 150 STREET
SUITE 200
MIAMI, FL 33176 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: TERI KRAINSON

01/16/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KRAINSON, JAMES P
Address: 9380 SW 150 STREET
City-St-Zip: MIAMI, FL 33176 US

Title: VP () Delete
Name: KRAINSON, TERI
Address: 9380 SW 150 STREET
City-St-Zip: MIAMI, FLORIDA, FL 33176 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JAME KRAINSON

PRES

01/16/2008

Electronic Signature of Signing Officer or Director

Date