2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2011
Secretary of State

DOCUMENT# P08000001634

Entity Name: SLEEP - WAKE DISORDERS CENTER NORTH FLORIDA INC.

Current Principal Place of Business:

4070 HERSCHEL STREET
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

4070 HERSCHEL STREET
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: 26-1969214 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMALL BUSINESS ASSOCIATES INC.
4070 HERSCHEL STREET
JACKSONVILLE, FL 32210 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: D
Name: ROTHSTEIN, MITCHELL
Address: 1939 RIVER ROAD
City-St-Zip: JACKSONVILLE, FL 32204 US

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: MITCHELL ROTHSTEIN MMBR 05/01/2011

Electronic Signature of Signing Officer or Director Date