

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000009379

**Entity Name:** SOMNOMEDICS AMERICA, INC

**FILED**  
**Feb 02, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

836 PONCE DE LEON BLVD STE 203  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

836 PONCE DE LEON BLVD STE 203  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

**FEI Number:** 77-0710807

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PAULY, CLEMENS W ESQ  
815 PONCE DE LEON BLVD STE P-201  
CORAL GABLES, FL 33134 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: PSTD  
Name: KUECHLER, GERT DR  
Address: AM SONNENSTUHL 63  
City-St-Zip: RANDERSACKER, GERMANY, D 97236

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: DR. GERT KUECHLER

P

02/02/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date