2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2011
Secretary of State

DOCUMENT# P08000061816

Entity Name: SLEEP DISORDER CLINIC P.A.

Current Principal Place of Business:

6170 9TH AVE CIRCLE NE
BRADENTON, FL 34212

New Principal Place of Business:

Current Mailing Address:

6170 9TH AVE CIRCLE NE
BRADENTON, FL 34212

New Mailing Address:

FEI Number: 36-4636677 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAMPERTAAP, MOONASAR P
6170 9TH AVE CIRCLE NE
BRADENTON, FL 34212 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: P
Name: RAMPERTAAP, LISA
Address: 6170 9TH AVE CIRCLE NE
City-St-Zip: BRADENTON, FL 34212 US

Title: VP
Name: RAMPERTAAP, MOONASAR P
Address: 6170 9 TH AVE CIRCLE NE
City-St-Zip: BRADENTON, FL 34212 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: L RAMPERTAAP VP 01/24/2011

Electronic Signature of Signing Officer or Director — Date