

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000063602

FILED  
Jan 07, 2009  
Secretary of State

Entity Name: SLEEP-WAKE DISORDERS CENTER OF MIAMI, INC.

## Current Principal Place of Business:

7325 SW 63RD AVENUE SUITE 203  
MIAMI, FL 33143

## New Principal Place of Business:

7325 SW 63RD AVENUE  
SUITE 203  
MIAMI, FL 33143

## Current Mailing Address:

7325 SW 63RD AVENUE SUITE 203  
MIAMI, FL 33143

## New Mailing Address:

7325 SW 63RD AVENUE  
SUITE 203  
SOUTH MIAMI, FL 33143

FEI Number: 26-2962404

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

HOFRICHTER, ALEX  
75 VALENCIA AVENUE GABLES SQUARE-4TH FLOOR  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

HOFRICHTER, ALEX  
75 VALENCIA AVENUE  
GABLES SQUARE - 4TH FLOOR  
CORAL GABLES, FL, FL 33134 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:

01/07/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SCHADER, ROBERT B MD  
Address: 7325 SW 63RD AVENUE SUITE 203  
City-St-Zip: MIAMI, FL 33143

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ROBERT B. SCHADER, MD

DR.

01/07/2009

Electronic Signature of Signing Officer or Director

Date