

# 2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000063602

**FILED**  
**Apr 20, 2011**  
**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 US

**Current Mailing Address:**

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

**New Mailing Address:**

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

**FEI Number:** 26-2962404

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

SCHADER, ROBERT B  
7325 SW 63RD AVENUE  
SUITE 203  
SOUTH MIAMI, 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:** ROBERT B. SCHADER

04/20/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

D

04/20/2011

Electronic Signature of Signing Officer or Director

Date