

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000063602

FILED  
Feb 09, 2012  
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 US

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 26-2962404      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

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

PRES

02/09/2012

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

\_\_\_\_\_  
Date