2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000007767

Apr 30, 2012 Secretary of State

Entity Name: SLEEP CARE ASSOCIATES OF JACKSONVILLE INC

New Principal Place of Business: Current Principal Place of Business: 7835 CHASE MEADOWS DR JACKSONVILLE, FL 32256 **Current Mailing Address: New Mailing Address:** 7835 CHASE MEADOWS DR JACKSONVILLE, FL 32256 FEI Number: 26-3845719 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ZACHARY, HUBERT 7835 CHAŚE MEADOWS DR JACKSONVILLE, FL 32256 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:**

Title:

SLOYEMANI, SAMAN Name: 7835 CHASE MEADOWS DR Address: City-St-Zip: JACKSONVILLE, FL 32256 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.

Ρ SIGNATURE: SAMAN SLOYEMANI 04/30/2012