

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000049928

FILED
May 04, 2010
Secretary of State

Entity Name: THE VILLAGE SLEEP LAB & BREATHING CENTER, INC.

Current Principal Place of Business:

1400 US HIGHWAY 441 NORTH SUITE 942
THE VILLAGES, FL 32159

New Principal Place of Business:

1400 US HIGHWAY 441 NORTH
SUITE 942
THE VILLAGES, FL 32159

Current Mailing Address:

1400 US HIGHWAY 441 NORTH SUITE 942
THE VILLAGES, FL 32159

New Mailing Address:

1400 US HIGHWAY 441 NORTH
SUITE 942
THE VILLAGES, FL 32159

FEI Number: 27-0380996

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALBINO, JUAN A
1400 US HIGHWAY 441 NORTH SUITE 942
THE VILLAGES, FL 32159 US

Name and Address of New Registered Agent:

ALBINO, JUAN A DIRECTO
1400 US HIGHWAY 441 NORTH SUITE 942
THE VILLAGES, FL 32159 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: JUAN A ALBINO, MD

05/04/2010

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D
Name: ALBINO, JUAN A DIRECTO
Address: 1400 US HIGHWAY 441 NORTH SUITE 942
City-St-Zip: THE VILLAGES, FL 32159

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: JUAN A ALBINO, MD

D

05/04/2010

Electronic Signature of Signing Officer or Director

Date