

**2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Jun 25, 2011  
Secretary of State**

DOCUMENT# P10000024367

Entity Name: EZ SLEEP DIAGNOSTICS CENTER,CORP

**Current Principal Place of Business:**

10011 PINES BLVD  
SUITE#201  
PEMBROKE PINES, FL 33024

**New Principal Place of Business:**

**Current Mailing Address:**

10011 PINES BLVD  
SUITE#201  
PEMBROKE PINES, FL 33024

**New Mailing Address:**

FEI Number: 27-2763504      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CABAL, DYANA  
19510 CYPRESS CT  
MIAMI, FL 33015 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: P  
Name: CABAL, DYANA  
Address: 19510 CYPRESS CT  
City-St-Zip: MIAMI, FL 33015

Title: VP  
Name: ESPINAL, JOHN  
Address: 5221 SW 138 TERRACE  
City-St-Zip: MIRAMAR, FL 33027

Title: COO  
Name: WEISS, DEENA  
Address: 2100 NE 197TH TERRACE  
City-St-Zip: MIAMI, FL 33179

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: DEENA WEISS

COO

06/25/2011

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

\_\_\_\_\_  
Date