

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000063180

FILED
Mar 15, 2012
Secretary of State

Entity Name: NORTH FLORIDA SLEEP SOLUTIONS INC

Current Principal Place of Business:

13453 N. MAIN ST., STE 304
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

13453 N. MAIN ST., STE 304
JACKSONVILLE, FL 32218

New Mailing Address:

FEI Number: 27-3174465

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEAL, DEREK J
13453 N MAIN ST
304
JACKSONVILLE, FL 32068 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: NEAL, DEREK J
Address: 13453 N. MAIN ST., STE 304
City-St-Zip: JACKSONVILLE, FL 32218

Title: VP
Name: HORN, RISE
Address: 3010 NAUTILUS RD
City-St-Zip: MIDDLEBURG, FL 32068

Title: TRES
Name: NEAL, JAMIE L
Address: 13453 N. MAIN ST., STE 304
City-St-Zip: JACKSONVILLE, FL 32218

Title: SEC
Name: HORN, CHRISTOPHER
Address: 3010 NAUTILUS RD
City-St-Zip: MIDDLEBURG, FL 32068

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: DEREK J NEAL

PRES

03/15/2012

Electronic Signature of Signing Officer or Director

Date