2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2012
Secretary of State

DOCUMENT# P11000096571

Entity Name: SLEEP MEDICINE CENTER OF NORTH FLORIDA INC

Current Principal Place of Business:

7835 CHASE MEADOWS DR
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

7835 CHASE MEADOWS DR
JACKSONVILLE, FL 32256

New Mailing Address:

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

Name and Address of Current Registered Agent:

ZACHARY, HUBERT
7835 CHASE MEADOWS DR
JACKSONVILLE, FL 32256 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: ZACHARY, HUBERT M
Address: 7835 CHASE MEADOWS DR
City-St-Zip: JACKSONVILLE, FL 32256

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: HUBERT ZACHARY P 04/30/2012

Electronic Signature of Signing Officer or Director Date