

2008 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P93000035646		
1. Entity Name SLEEP DISORDER CENTER OF FT. WALTON BEACH, INC.		
Principal Place of Business 151 MARY ESHTER BLVD SUITE 203 MARY ESTHER, FL 32548 US	Mailing Address 502 E PINE CRESTVIEW, FL 32539 US	



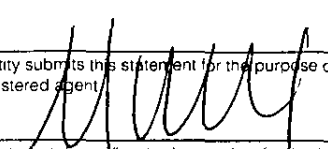
04142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3182353	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KELLEY, THOMAS 4440 ANTIOCH RD CRESTVIEW, FL 32536
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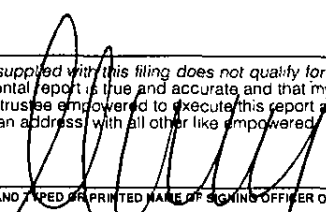
**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE 4-16-08

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U00000943428 05/29/08-80058-023 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BARNIV, CHARLES B 502 E. PINE AVE. CRESTVIEW, FL 32539
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WITKIND, BRUCE G 502 E. PINE AVE. CRESTVIEW, FL 32539
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KELLEY, TOMMY 4440 ANTIOCH RD CRESTVIEW, FL 32536
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ENFINGER, NANCY 4440 ANTIOCH RD CRESTVIEW, FL 32536
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.	
SIGNATURE: 	DATE 4-16-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #