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	Mailing Address
151 MARY ESHTER BLVD SUITE 203 MARY ESTHER, FL 32548 US	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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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 _____ 4-16-08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	BARNIV, CHARLES B
STREET ADDRESS	502 E. PINE AVE.
CITY-ST-ZIP	CRESTVIEW, FL 32539
TITLE	D
NAME	WITKIND, BRUCE G
STREET ADDRESS	502 E. PINE AVE.
CITY-ST-ZIP	CRESTVIEW, FL 32539
TITLE	PD
NAME	KELLEY, TOMMY
STREET ADDRESS	4440 ANTIOCH RD
CITY-ST-ZIP	CRESTVIEW, FL 32536
TITLE	VD
NAME	ENFINGER, NANCY
STREET ADDRESS	4440 ANTIOCH RD
CITY-ST-ZIP	CRESTVIEW, FL 32536
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 4-16-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #