

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000035646

FILED
Jan 27, 2010
Secretary of State

Entity Name: SLEEP DISORDER CENTER OF FT. WALTON BEACH, INC.

Current Principal Place of Business:

151 MARY ESHTER BLVD
SUITE 203
MARY ESTHER, FL 32548 US

New Principal Place of Business:

151 MARY ESTHER BLVD
SUITE 203
MARY ESTHER, FL 32548 US

Current Mailing Address:

502 E PINE
CRESTVIEW, FL 32539 US

New Mailing Address:

FEI Number: 59-3182353 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KELLEY, THOMAS
4440 ANTIOCH RD
CRESTVIEW, FL 32536 US

Name and Address of New Registered Agent:

KELLEY, THOMAS C PRES
4440 ANTIOCH RD
CRESTVIEW, FL 32536 US

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: THOMAS C. KELLEY

01/27/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: ST
Name: BARNIV, CHARLES B
Address: 502 E. PINE AVE.
City-St-Zip: CRESTVIEW, FL 32539

Title: D
Name: WITKIND, BRUCE G
Address: 502 E. PINE AVE.
City-St-Zip: CRESTVIEW, FL 32539

Title: PD
Name: KELLEY, TOMMY
Address: 4440 ANTIOCH RD
City-St-Zip: CRESTVIEW, FL 32536

Title: VD
Name: ENFINGER, NANCY
Address: 4440 ANTIOCH RD
City-St-Zip: CRESTVIEW, FL 32536

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: THOMAS C. KELLEY

PRES

01/27/2010

Electronic Signature of Signing Officer or Director

Date