

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000035646

FILED  
Jan 20, 2012  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

151 MARY ESTHER BLVD  
SUITE 203  
MARY ESTHER, FL 32569 US

**Current Mailing Address:**

502 E PINE  
CRESTVIEW, FL 32539 US

**New Mailing Address:**

502 E PINE  
SUITE A  
CRESTVIEW, FL 32539 US

**FEI Number:** 59-3182353

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

PD

01/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date