

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000040801 (9)

1. Corporation Name

SLEEP AND DIAGNOSTICS RESOURCES, INC.



Principal Place of Business

508 CENTRAL AVENUE
CRESCENT CITY FL 32112

Mailing Address

508 CENTRAL AVENUE
CRESCENT CITY FL 32112

3. Date Incorporated or Qualified

05/22/1995

3a. Date of Last Report

2. Principal Place of Business

21 3304 S.W. 34TH CIRCLE

2a. Mailing Address

26 1125 N. SUMMIT STREET

4. FEI Number

59-3318697

Applied For

Not Applicable

Suite, Apt. #, etc.

22 104

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

City & State

23 OCALA, FL

City & State

28 CRESCENT CITY, FL

Zip Country

24 34474

25

Zip Country

29 32112

30

9. Name and Address of Current Registered Agent

BUCHAN, GERARD
508 CENTRAL AVENUE
CRESCENT CITY FL 32112

10. Name and Address of New Registered Agent

81 Name

WILLIAM C. HALDIN, JR.

82 Street Address (P.O. Box Number is Not Acceptable)

808 SOUTHEAST FORT KING ST.

83

84 City

OCALA

FL

85 Zip Code

34471

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of or printed name of registered agent and title if applicable.

William C Haldin, Jr.

4/24/96

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME BUCHAN, GERARD
STREET ADDRESS 508 CENTRAL AVENUE
CITY-ST-ZIP CRESCENT CITY FL 32112

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME PSD
2.3 STREET ADDRESS JAMES R. FLETCHER
2.4 CITY-ST-ZIP 4538 S.E. 4TH PLACE
OCALA, FL 34471

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James R Fletcher

4/24/96

352-368-2222

Daytime Phone #

CR2E034 (12/95)