

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000043517

1. Entity Name
FLORIDA CENTER OF SLEEP MEDICINE, INC.

FILED
Aug 16, 2001 8:00 am
Secretary of State

08-16-2001 90006 042 ***150.00

0003076 AV

Principal Place of Business 4131 UNIVERSITY BLVD. SOUTH BUILDING 8, STE. A JACKSONVILLE FL 32216 US		Mailing Address 4131 UNIVERSITY BLVD. SOUTH BUILDING 8, STE. A JACKSONVILLE FL 32216 US	
2. Principal Place of Business		3. Mailing Address 4070 HERSCHEL ST. SUITE C JACKSONVILLE, FL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

AUG 16 2001



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent AKEL, EDWARD C ATTORNE 1 INDEPENDENT DRIVE STE 2301 JACKSONVILLE FL 32202		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$550.00 150.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSV ZACHARY, MICHAEL 4131 UNIVERSITY BLVD. SOUTH JACKSONVILLE FL 32216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTP ROTHSTEIN, MITCHELL S 320 RIVERSIDE AVE., STE. 203 JACKSONVILLE FL 32202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/8/01

Date Daytime Phone #

CR2E034 (5/01)

ATTACHMENT
A0081609

P96000043517

August 8, 2001

Florida Department of State
Divisions of Corporations
Tallahassee, Florida 32303

To Whom It May Concern:

Pursuant to our telephone conversation, enclosed please find a copy of the annual report previously sent along with a copy of our Corporation Annual Report. As we discussed we had not received our Corporation report (as you can see it was sent to several places before I received it). I am enclosing my check for \$150.00 to the Florida Department of State. I want to thank you for abating the penalty. If you need further information please do not hesitate to contact me.

Dr. Mitchell Rothstein
Florida Center pf Sleep Medicine, Inc.
Enclosure (1)

ATTACHMENT
A0081609



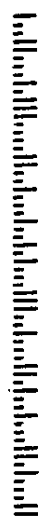
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, Florida 32314

P96000043517



FLOR131 322162673 1201 09 07/08/01
NOTIFY SENDER OF NEW ADDRESS
FLORIDA CENTERS OF SLEEP MEDICAL
PO BOX 2183
ORANGE PARK FL 32067-2183



4131 UNIVERSITY BLVD. SOUTH
BUILDING 8, STE. A
JACKSONVILLE FL 32216-4326
US

FIRST-CLASS MAIL
U.S. POSTAGE PAID
FLORIDA DIVISION OF CORPORATIONS
4401

↑ TO OPEN FOLD AND TEAR ALONG PERFORATION ↑