

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000069619

FILED  
Jan 07, 2008  
Secretary of State

**Entity Name:** SLEEP-WAKE DISORDERS CENTER OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

7325 SW 63 AVE  
STE 203  
MIAMI, FL 33143 US

**New Principal Place of Business:**

**Current Mailing Address:**

7325 SW 63 AVE  
STE 203  
MIAMI, FL 33143 US

**New Mailing Address:**

**FEI Number:** 65-0773498      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

HOFRICHTER, ALEX  
ONE DATRAN CENTER  
9100 S DADELAND BLVD  
MIAMI, FL 33156 US

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

HOFRICHTER, ALEX  
DATRAN 2  
9130 S. DADELAND BLVD., SUITE 1510  
MIAMI, FL 33156 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: \_\_\_\_\_

Electronic Signature of Registered Agent

01/07/2008

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SCHADER, ROBERT B MD  
Address: 7325 SW 63 AVE STE 203  
City-St-Zip: MIAMI, FL 33143

Title: VD ( ) Delete  
Name: SEIDEN, DAVID J MD  
Address: 7325 SW 63 AVE STE 203  
City-St-Zip: MIAMI, FL 33143

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT B. SCHADER, MD

PD

01/07/2008

Electronic Signature of Signing Officer or Director

Date