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04-27-1999 90004 011 ***150.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000076507

1. Corporation Name

Principal Place of Business

THE SNORE & SLEEP DISORDER CENTER INC.

City & State City & Cit	100 SE 2ND STREET SUITE 3400 MIAMI FL 33131		100 SE 2ND STREET SUITE 3400 MIAMI FL 33131			DO NOT WRIT	E IN THIS	SPACE	Ē		
Suite, A.Y. #, etc.							· ·				
Sure, A.t. #, etc. 27	2. Principa P	lace of Business	2a. Mailing Address							App	lied For
City & State Ci	21		26	26			APPLIED FOR		Not Applicable		Applicable
City & State Cary & Caurity Cary & Cary	Suite, Apt. #, etc.		Suite, Apt. #, etc.						,		
28 Trust Fund Contribution Added to Fees	22		27				3. Cermone di Cialda Desired		Fe	e Rec	uired
28 Trust fund Contribution Added it Fees	City & Stat	e	City & State				6. Election Campaign Financing	ш	\$5	.00 r	1ay Be
3. Name and Address of Current Registered Agent HOFFMAN, DDS H 19072 NE 29TH AVE AVENTURA FL 33180 181 Name 182 Street Ac dress (P.O. Box Number is Not Acceptable) 183 Variety Ac dress (P.O. Box Number is Not Acceptable) 184 City FL 85 Zip C ode 185 Variety Ac dress (P.O. Box Number is Not Acceptable) 186 Virginiary Acceptable 187 Street Ac dress (P.O. Box Number is Not Acceptable) 188 Zip C ode 189 Zip C ode 180 Zip C ode 1	23		28				Trust Fund Contribution		Ad	ded to	Fees
9. Name and Address of Current Registered Agent HOFFMAN, DDS H 19072 NE 29TH AVE AVENTURA FL 33180 11. Pursuant to the provisions of Scribins 607 0502 and 607 1508. Florida Statutes, the above-named or proteins submit a this statement for the purpose of changing its registered agent, and the State of Florida, Such change was unthorted by the corporation submit a this statement for the purpose of changing its registered agent, and the state of Florida, Such change was unthorted by the corporation's board of circulors. Hereby accept the approximent as registered agent, and crept the obligations of Section 607,0505, Fished Statutes. SIGNATURE SIGNATUR	Zip	Courtry	Zip	Cou	intry		8. This corporation owes the curre	nt year int			_
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11. Pursuant to the provisions of Sc ctions 607 0502 and 607 1508, Florida Statutes, the above-named criporation submir is this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was nuthorized by the corporation submir is this statement for the purpose of changing its registered agent, and an intermediate of the corporation submir is this statement for the purpose of changing its registered agent, and an intermediate of the corporation submir is this statement for the purpose of changing its registered agent, and an intermediate of the corporation submir is this statement for the purpose of changing its registered agent, and an intermediate of the corporation submir is this statement for the purpose of changing its registered agent, and an intermediate of the corporation submir is this statement for the purpose of changing its registered agent. An intermediate of the corporation submir is this statement for the purpose of changing its registered agent. An intermediate of the corporation submir is this statement for the purpose of changing its registered agent. And agent age		BBO 11			81	Name					
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11. Pursuant to the provisions of Sciclors 607 0502 and 607 1508, Florida Statutes, the above-named corporation submiss this statement for the purpose of changing its registered agent, or bo h, in the State of Florida. Statutes, the above-named corporation's board of cirectors. I hereby accept the app ointment as registered agent, or bo h, in the State of Florida. Statutes, and an an an immiliar with, and are cept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Signature typed or printed in a or inepsteed span and return registered agent in a familiar with, and are or inepsteed span and return registered agent. A part of the corporation's sprace registered agent in a familiar with, and are or inepsteed span and return registered agent in a familiar with, and are or inepsteed span and return registered agent. A part of the corporation's sprace registered agent in a familiar with, and are or inepsteed span and return registered. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS, VIND DIRECTORS IN 12					-						
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AVENTURA FL 33180						************					
TITLE											
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	STREET ADDRESS					ADDRESS					

SIGNATURE:

CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental innual 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, with all other like empowered.