SIGNATURE: DR NAZEER HAIDER KHAN

above, or on an attachment with all other like empowered.

Electronic Signature of Signing Officer/Director Detail

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

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000063602

Entity Name: SLEEP-WAKE DISORDERS CENTER OF MIAMI, INC.

Current Principal Place of Business:

7325 SW 63RD AVENUE SUITE 203 MIAMI, FL 33143

Current Mailing Address:

7325 SW 63RD AVENUE SUITE 203 MIAMI, FL 33143 US

FEI Number: 26-2962404

Name and Address of Current Registered Agent:

KHAN, NAZEER H DR. 7325 SW 63RD AVENUE SUITE 203 SOUTH MIAMI, FL 33134 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: DR NAZEER H KHAN

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	DIRECTOR
Name	KHAN, NAZEER HAIDER DR.
Address	7325 SW 63RD AVENUE - SUITE 203
0.11 01-12 7.1	

City-State-Zip: MIAMI FL 33143

Certificate of Status Desired: No

FILED Apr 30, 2018 Secretary of State CC2620427024

Date

04/30/2018

DIRECTOR

04/30/2018

Date