

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000086258

Entity Name: GAINESVILLE SLEEP LAB, LLC

Current Principal Place of Business:

9200 NW 36TH PLACE SUITE B
GAINESVILLE, FL 32606

Current Mailing Address:

1834 SW 1ST AVE.
STE 101
OCALA, FL 34471

FEI Number: 20-3458773

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OCALA LUNG & CRITICAL CARE ASSOCIATES, INC
1834 SW 1ST AVENUE STE 101
OCALA, FL 34471 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

Date

Authorized Person(s) Detail :

Title MGRM
Name KOHLI, NAGESH DR.
Address 2020 SW 44TH LANE
City-State-Zip: Ocala FL 34474

Title MGRM
Name MITRA, PURUSHOTTAM
Address 2170 SW 37TH STREET ROAD
City-State-Zip: Ocala FL 34474

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PURUSHOTTAM MITRA

OFFICER

03/13/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date