

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000095006

Entity Name: HEALTHCARE PERFORMANCE SLEEP RESOURCES LLC

Current Principal Place of Business:

3471 NORTH FEDERAL HIGHWAY
SUITE #506
FORT LAUDERDALE, FL 33306

Current Mailing Address:

3471 NORTH FEDERAL HIGHWAY
SUITE #506
FORT LAUDERDALE, FL 33306

FEI Number: 38-3867117

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REYNOLDS, KEVIN CPA
2401 NW BOCA RATON BOULEVARD
BOCA RATON, FL 33431 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 MGR
Name ALTMANN, ANTHONY
Address 3471 NORTH FEDERAL HIGHWAY
SUITE# 506
City-State-Zip: FT LAUDERDALE FL 33306

Title MGR
Name MELI, RICHARD MD
Address 3471 NORTH FEDERAL HWY SUITE#
506
City-State-Zip: FT LAUDERDALE FL 33306

Title MGR
Name HARTER, JOHN
Address 3471 NORTH FEDERAL HWY SUITE#
506
City-State-Zip: FT LAUDERDALE FL 33306

Title MGR
Name STAMER, WILLIAM
Address 3471 NORTH FEDERAL HWY SUITE#
506
City-State-Zip: FT LAUDERDALE FL 33306

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: RICHARD MELI

PRES

01/22/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date