

**2015 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 HARTER, JOHN  
Address 3471 NORTH FEDERAL HWY 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 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

**CEO**

**01/14/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date