2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2013
Secretary of State
CC1399031949

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Entity Name: SLEEP APNEA TREATMENT CENTERS OF AMERICA FRANCHISING, LLC

Current Principal Place of Business:

201 E. KENNEDY BLVD.
TAMPA, FL 33602

Current Mailing Address:

201 E. KENNEDY BLVD.
TAMPA, FL 33602

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WEBER, SCOTT P
402 KNIGHTS RUN AVENUE
SUITE 150
TAMPA, FL 33602 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	Title	MGRM
Name	SILVEIRA, JEFFREY L	Name	ST. LOUIS, JIMMY
Address	201 E. KENNEDY BLVD.	Address	201 E. KENNEDY BLVD.
City-State-Zip:	TAMPA FL 33602	City-State-Zip:	TAMPA FL 33602

Title	MGRM
Name	DALY, JAMES AIII
Address	201 E. KENNEDY BLVD.
City-State-Zip:	TAMPA FL 33602

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JEFFREY SILVEIRA MANAGER 01/28/2013

Electronic Signature of Signing Authorized Person(s) Detail — Date