

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000153875

Entity Name: DENTAL SLEEP MEDICINE OF SOUTH FLORIDA LLC

Current Principal Place of Business:

3450 NORTHLAKE BLVD.
SUITE #208
PALM BEACH GARDENS, FL 33403

Current Mailing Address:

3450 NORTHLAKE BLVD.
SUITE #208
PALM BEACH GARDENS, FL 33403 US

FEI Number: 46-2425438

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

GOLDMAN, JAY R
3450 NORTHLAKE BLVD.
SUITE #208
PALM BEACH GARDENS, FL 33403 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 GOLDMAN, JAY R
Address 3450 NORTHLAKE BLVD., SUITE 208
City-State-Zip: PALM BEACH GARDENS FL 33403

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: JAY R GOLDMAN

OWNER

04/02/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date