BRAMBLET	DN, VA 20148 US				
FEI Number: 46-4786180			Certificate of Status Desired: No		
Name and A	ddress of Current Registered Agent:				
MONDSHOUR, 4125 LA SALLE ST CLOUD, FL	AVE				
	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.				
The above named	entity submits this statement for the purpose of changing its regise	tered office or regis	tered agent, or both, in the State of Fl	lorida.	
	entity submits this statement for the purpose of changing its regisers: PATRICIA MONDSHOUR	tered office or regis	tered agent, or both, in the State of Fl	lorida. 06/15/2020	
		tered office or regis	tered agent, or both, in the State of Fl		
	Electronic Signature of Registered Agent	tered office or regis	tered agent, or both, in the State of Fi	06/15/2020	
SIGNATURE	Electronic Signature of Registered Agent	tered office or regisi	tered agent, or both, in the State of Fi	06/15/2020	
SIGNATURE	PATRICIA MONDSHOUR     Electronic Signature of Registered Agent     ctor Detail :			06/15/2020	
SIGNATURE Officer/Direc	Electronic Signature of Registered Agent Ctor Detail : P	Title	VP	06/15/2020	

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

Ρ

SIGNATURE: RAHUL DEWAN

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P12000023998

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: ADVANCED SLEEP MEDICINE INC

## **Current Principal Place of Business:**

23024 MINERVA DRIVE BRAMBLETON, VA 20148

## **Current Mailing Address:**

23024 MINERVA DRIVE BRAMBI FTON \ / A 00440 110

## F

## N

06/15/2020 Date