

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 14 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000004631 (6)

1. Corporation Name

FLORIDA SLEEP MEDICINE SOCIETY, INC.

Principal Place of Business

Mailing Address

~~4931 WALDEMERE, SUITE 813~~
~~SARASOTA FL 34239~~

P.O. BOX 0218
MIAMI FL 33280



2. Principal Place of Business

21 848 FIRST AVE, N

Suite, Apt. #, etc.

22 SUITE 240

City & State

23 NAPLES, FL

Zip

24 33940

Country

25 USA

2a. Mailing Address

26 ~~MIAMI~~

Suite, Apt. #, etc.

27 City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

09/25/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0613220

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOBLEY, J. NEAL
2070 RINGLING BLVD
SARASOTA FL 34237

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME FINLAY, G. DUNCAN
STREET ADDRESS 1921 WALDEMERE, SUITE 813
CITY-ST-ZIP SARASOTA FL 34239

TITLE ~~VD~~ ☐ DELETE

NAME COHN, MARTIN A
STREET ADDRESS 848 FIRST AVE N
CITY-ST-ZIP NAPLES FL 33940

TITLE STD ☐ DELETE

NAME JAFFE, SUZAN E
STREET ADDRESS 2800 ISLAND BLVD
CITY-ST-ZIP WILLIAMS ISLAND FL 33160

TITLE ~~VD~~ ☐ DELETE

NAME CHEDIAK, ALEJANDRO D
STREET ADDRESS 4300 ALTON RD
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

PD

☒ Change

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☒ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

3000 ISLAND BLVD

4.1 TITLE

VD

☒ Change

☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

D (member-at-large)
NEIL FELDMAN
2525 PASADENA AVE, SOUTH
ST. PETERSBURG, FL 33707

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☒ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D (member-at-large)
GEORGE SLADE
TALLAHASSEE SLEEP CENTER
1304 HODGES DRIVE
TALLAHASSEE, FL 32308-4613

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)