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**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90148 046 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N95000004631**

1. Corporation Name

**FLORIDA SLEEP MEDICINE SOCIETY, INC.**

Principal Place of Business

Mailing Address

**848 FIRST AVE NORTH  
STE 240  
NAPLES FL 33940  
US**

**P.O. BOX 0218  
MIAMI FL 33280-0218**



2. Principal Place of Business **4300 ALTON ROAD**

2a. Mailing Address **4300 ALTON ROAD**

3. Date Incorporated or Qualified

**09/25/1995**

21. **Mount Sinai Medical Center**

26. **Mount Sinai Medical Center**

4. FEI Number

**65-0613220**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22. **Sleep Disorder Center**

27. **Sleep Disorder Center**

City & State

City & State

23. **Miami Beach, FL**

28. **Miami Beach, FL**

Zip

Country

Zip

Country

24. **33140**

25. **USA**

29. **33140**

30. **USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE  
NAME **COHN, MARTIN A**  
STREET ADDRESS **848 FIRST AVE N**  
CITY-ST-ZIP **NAPLES FL**

1.1 TITLE **PD** ☒ Change ☐ Addition  
1.2 NAME **CHEDIAK, ALEJANDRO D**  
1.3 STREET ADDRESS **4300 ALTON ROAD**  
1.4 CITY-ST-ZIP **MIAMI BEACH, FL. 33140**

TITLE **STD** ☒ DELETE  
NAME **JAFFE, SUZAN E**  
STREET ADDRESS **3000 ISLAND BLVD**  
CITY-ST-ZIP **WILLIAMS ISLAND FL**

2.1 TITLE **STD** ☐ Change ☒ Addition  
2.2 NAME **CARLUCCI, CHERYL M**  
2.3 STREET ADDRESS **2150 SE SALERMO ROAD**  
2.4 CITY-ST-ZIP **STUART, FL. 34997**

TITLE **VD** ☐ DELETE  
NAME **CHEDIAK, ALEJANDRO D**  
STREET ADDRESS **4300 ALTON RD**  
CITY-ST-ZIP **MIAMI BEACH FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **FELDMAN, NEIL**  
STREET ADDRESS **2525 PASADENA AVE SOUTH**  
CITY-ST-ZIP **ST PETERSBURG FL**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **SLADE, GEORGE**  
STREET ADDRESS **1304 HODGES DRIVE**  
CITY-ST-ZIP **TALLAHASSEE FL**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5.4.99

Date

3066742610

Daytime Phone #

CR2E037 (11/98)