

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004631

1. Entity Name

FLORIDA SLEEP MEDICINE SOCIETY, INC.



FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90029 031 ****61.25

Principal Place of Business

MT SINAI MEDICAL CTR.
SLEEP DISORDER CTR.
MIAMI BCH FL 33140
US

Mailing Address

MT SINAI MEDICAL CTR.
SLEEP DISORDER CTR.
MIAMI BCH FL 33140
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0613220

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOBLEY, J. NEAL
2070 RINGLING BLVD
SARASOTA FL 34237

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME CHEDIAK, ALEJANDRO D ☐ Delete
STREET ADDRESS 4300 ALTON RD
CITY-ST-ZIP MIAMI BCH FL 33140

TITLE VD
NAME CHEDIAK, NATALIO ☐ Change ☒ Addition
STREET ADDRESS 899 MEADOWS ROAD, SUITE 101
CITY-ST-ZIP BOCA RATON, FLORIDA 33486

TITLE STD
NAME CARUCCI, CHERYL M ☒ Delete
STREET ADDRESS 2150 SE SALERMO RD
CITY-ST-ZIP STUART FL 34997

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME CHEDIAK, ALEJANDRO D ☒ Delete
STREET ADDRESS 4300 ALTON RD
CITY-ST-ZIP MIAMI BEACH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME SLADE, GEORGE ☒ Delete
STREET ADDRESS 1304 HODGES DRIVE
CITY-ST-ZIP TALLAHASSEE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

09.11.2000

Date

305.674.2610

Daytime Phone #

CR2E037 (5/00)