

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004631

1. Entity Name

FLORIDA SLEEP MEDICINE SOCIETY, INC.

FILED
Aug 26, 2002 8:00 am
Secretary of State

08-26-2002 90051 010 ****61.25

Principal Place of Business

Mailing Address

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

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

970291

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 Jeffrey St. George

Street Address (P.O. Box Number is Not Acceptable)
 1735 Ponce de Leon Blvd

City Coral Gables

FL

Zip Code 33134

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
 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 ☐ Delete
 NAME CHEDIAK, ALEJANDRO D
 STREET ADDRESS 4300 ALTON RD
 CITY-ST-ZIP MIAMI BCH FL 33140

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

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

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

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

TITLE D ☒ Change ☐ Addition
 NAME MORA, Raul
 STREET ADDRESS 3659 South Miami Ave, #5004
 CITY-ST-ZIP Miami, FL 33133

TITLE VD ☐ Delete
 NAME CHEDIAK, NATALIO
 STREET ADDRESS 899 MEADOWS RD SUITE 101
 CITY-ST-ZIP BOCA RATON FL 33486

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

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 another like empowered.

SIGNATURE: 

8-21-2002

305.674.2610

CR2E037 (4/02)