

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004631

FILED
Jul 13, 2005
Secretary of State

Entity Name: FLORIDA SLEEP MEDICINE SOCIETY, INC.

Current Principal Place of Business:

MIAMI SLEEP DISORDERS CENTER
7029 SW 61 AVENUE
MIAMI, FL 33143 US

New Principal Place of Business:

Current Mailing Address:

MIAMI SLEEP DISORDERS CENTER
7029 SW 61 AVENUE
MIAMI, FL 33143 US

New Mailing Address:

FEI Number: 65-0613220 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ST. GEORGE, JEFFREY
1735 PONCE DE LEON BLVD
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P/M () Delete
Name: CHEDIAK, ALEJANDRO D MD
Address: 4300 ALTON RD
City-St-Zip: MIAMI BCH, FL 33140

Title: D/T () Delete
Name: GONZALEZ, BRENDA MD
Address: 5381 NW 110
City-St-Zip: MIAMI, FL 33178

Title: V/D () Delete
Name: CHEDIAK, NATALIO MD
Address: 899 MEADOWS RD SUITE 101
City-St-Zip: BOCA RATON, FL 33486

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D/T (X) Change () Addition
Name: ESPARIS, BELEN MD
Address: 7029 SW 61 AVE
City-St-Zip: MIAMI, FL 33143

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALEJANDRO D. CHEDIAK, M.D.

P/M

07/13/2005

Electronic Signature of Signing Officer or Director

Date