2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 29, 2008
Secretary of State

DOCUMENT# N95000004631

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:

7029 SW 61 AVENUE
SOUTH MIAMI, FL 33143 US

Current Mailing Address:

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

New Mailing Address:

7029 SW 61 AVENUE
SOUTH MIAMI, FL 33143 US

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: ESPARIS, BELEN MD
Address: 7029 SW 61 AVE
City-St-Zip: MIAMI, FL 33143

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: P/D (X) Change ( ) Addition
Name: CHEDIAK, ALEJANDRO D
Address: 7261 SW 61 AVENUE
City-St-Zip: SOUTH MIAMI, FL 33143

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 CHEDIAK P 05/29/2008

Electronic Signature of Signing Officer or Director — Date