

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000089697

FILED
Sep 30, 2004
Secretary of State

Entity Name: MIAMI SLEEP DISORDERS CENTER P.A.

Current Principal Place of Business:

7209 SW 61TS AVE
SOUTH MIAMI, FL 33143

New Principal Place of Business:

7029 SW 61 AVE
SOUTH MIAMI, FL 33143

Current Mailing Address:

7209 SW 61TS AVE
SOUTH MIAMI, FL 33143

New Mailing Address:

7029 SW 61 AVE
SOUTH MIAMI, FL 33143

FEI Number: 20-0183841

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TEJERA, RICHARD E
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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CHEDIAK, ALEJANDRO D M.D.
Address: 7209 SW 61TS AVE
City-St-Zip: SOUTH MIAMI, FL 33143

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CHEDIAK, ALEJANDRO D M.D.
Address: 7029 SW 61 AVE
City-St-Zip: SOUTH MIAMI, FL 33143

Title: VP () Change (X) Addition
Name: CHEDIAK, PATRICIA T
Address: 7364 SW 48 STREET
City-St-Zip: MIAMI, FL 331436321 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA T CHEDIAK

VP

09/30/2004

Electronic Signature of Signing Officer or Director

_____ Date