

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000089697

FILED  
Jan 23, 2005  
Secretary of State

Entity Name: MIAMI SLEEP DISORDERS CENTER P.A.

## Current Principal Place of Business:

7029 SW 61 AVE  
SOUTH MIAMI, FL 33143

## New Principal Place of Business:

7029 SW 61 AVE  
SOUTH MIAMI, FL 331433420

## Current Mailing Address:

7029 SW 61 AVE  
SOUTH MIAMI, FL 33143

## New Mailing Address:

7029 SW 61 AVE  
SOUTH MIAMI, FL 331433420

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition  
Name: CHEDIAK, PATRICIA T  
Address: 7364 SW 48 STREET  
City-St-Zip: MIAMI, FL 33155 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 CHEDIAK

SEC

01/23/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date