

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000089697

**FILED**  
**Feb 06, 2012**  
**Secretary of State**

**Entity Name:** MIAMI SLEEP DISORDERS CENTER P.A.

**Current Principal Place of Business:**

7029 SW 61 AVE  
SOUTH MIAMI, FL 331433420

**New Principal Place of Business:**

**Current Mailing Address:**

7029 SW 61 AVE  
SOUTH MIAMI, FL 331433420

**New Mailing Address:**

**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

**OFFICERS AND DIRECTORS:**

**Title:** DP  
**Name:** CHEDIAK, ALEJANDRO D  
**Address:** 7029 SW 61 AVE  
**City-St-Zip:** SOUTH MIAMI, FL 33143

**Title:** VPST  
**Name:** CHEDIAK, PATRICIA T  
**Address:** 7364 SW 48 STREET  
**City-St-Zip:** MIAMI, FL 33155 US

I hereby 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 all other like empowered.

**SIGNATURE:** PATRICIA CHEDIAK

VPST

02/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date