

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000069619

1. Entity Name

SLEEP-WAKE DISORDERS CENTER OF SOUTH FLORIDA, IN

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90197 021 ***150.00

Principal Place of Business

Mailing Address

12251 TAFT ST
STE 300
PEMBROKE PINES FL 33026
US

12251 TAFT ST
STE 300
PEMBROKE PINES FL 33026-1956
US

2. Principal Place of Business

7325 SW 63 AVE
Suite, Apt. #, etc.
203

3. Mailing Address

7325 SW 63 AVE
Suite, Apt. #, etc.
203

City & State
MIAMI FL.

City & State
MIAMI, FL

Zip
33143

Country
USA.

Zip
33143

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0773498

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FRIEDMAN, SUZANNE ESQ
150 SE 12TH STREET
SUITE 300A
FORT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name: Hofrichter, Alex
Street Address (P.O. Box Number is Not Acceptable): 9350 S. Dixie Highway
Suite 1500
City: Miami FL Zip Code: 33156

8. 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: *Alex Hofrichter* (ALEX HOFRICHTER)

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

January 11, 2000
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHADER, ROBERT A MD	
STREET ADDRESS	12251 TAFT ST 300	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SEIDEN, DAVID J MD	
STREET ADDRESS	3 GROVE ISLAND DRIVE, #1507	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	FRIEDMAN, KURT E DDS	
STREET ADDRESS	901 COCO PLUM WAY	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MONTEAGUDO, FELIX	
STREET ADDRESS	9820 SW 127TH AVE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7325 SW 63 AVE STE 203	
STREET ADDRESS	MIAMI, FL 33143	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7325 SW 63 AVE STE 203	
STREET ADDRESS	MIAMI, FL 33143	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7325 SW 63 AVE STE 203	
STREET ADDRESS	MIAMI, FL 33143	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert B. Schader* (Robert B. Schader, MD) 1/10/00 305-661-5994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)