

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000069619

1. Entity Name  
SLEEP-WAKE DISORDERS CENTER OF SOUTH FLORIDA, IN  
C.

Principal Place of Business Mailing Address  
7325 SW 63 AVE 7325 SW 63 AVE  
STE 203 STE 203  
MIAMI FL 33143 MIAMI FL 33143  
US US

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

**FILED**  
**Jan 11, 2002 8:00 am**  
**Secretary of State**

01-11-2002 90009 001 \*\*\*150.00

701700



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

HOFRICHTER, ALEX  
9350 S. DIXIE HWY  
SUITE 1500  
MIAMI FL 33156

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
One Datran Center, Suite 1119  
City 9100 S. Dadeland Blvd. 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 Miami

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

## 11. OFFICERS AND DIRECTORS

TITLE PD  
NAME SCHADER, ROBERT A MD ☐ Delete  
STREET ADDRESS 7325 SW 63 AVE STE 203  
CITY-ST-ZIP MIAMI FL 33143

TITLE VD  
NAME SEIDEN, DAVID J MD ☐ Delete  
STREET ADDRESS 7325 SW 63 AVE STE 203  
CITY-ST-ZIP MIAMI FL 33143

TITLE SD  
NAME MONTEAGUDO, FELIX ☐ Delete  
STREET ADDRESS 7325 SW 63 AVE STE 203  
CITY-ST-ZIP MIAMI FL 33143

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/7/02

305-661-5994

29809620 AV

CR2E034 (9/01)