

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S53570

1. Corporation Name

MIAMI BEACH PULMONOLOGISTS, P.A.

Principal Place of Business

% MOUNT SINAI MEDICAL CENTER
4300 ALTON ROAD, BLUM BLDG., 4TH FLOOR
MIAMI BEACH FL 33140

Mailing Address

% MOUNT SINAI MEDICAL CENTER
4300 ALTON ROAD, BLUM BLDG., 4TH FLOOR
MIAMI BEACH FL 33140

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90190 009 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/16/1991

4. FEI Number

65-0263665

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

B & C CORPORATE SERVICES, INC.
201 SOUTH BISCAYNE BLVD
SUITE 3000
MIAMI FL 33131

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE B & C CORPORATE SERVICES, INC.

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

(NOTE: Registered Agent signature required when reinstating)

1/13/99

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME AHMED, TAHIR MD
STREET ADDRESS 1020 S GREENAWAY DR
CITY-ST-ZIP CORAL GABLES FL

☐ DELETE

TITLE V
NAME KRIEGER, BRUCE, MD
STREET ADDRESS 5400 N.E. 33RD AVENUE
CITY-ST-ZIP FT. LAUDERDALE FL

☐ DELETE

TITLE ST
NAME CHEDIAK, ALEJANDRO MD
STREET ADDRESS 440 SAN SERVANDO AVE.
CITY-ST-ZIP CORAL GABLES FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Tahir Ahmed

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/99

Date

(305) 674-2610

Daytime Phone #

CR2E034 (11/98)