

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 22, 2002 8:00 am**  
**Secretary of State**

01-22-2002 90120 019 \*\*\*150.00

**DOCUMENT # S53570**

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0263665**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **TAHIR-AHMED MD**  
 Street Address (P.O. Box Number is Not Acceptable) **629 DESTACADA AVENUE**  
 City **CORAL GABLES 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

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

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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 **P** ☐ Delete  
 NAME **AHMED, TAHIR MD**  
 STREET ADDRESS **629 DESTACADA AVENUE**  
 CITY-ST-ZIP **CORAL GABLES FL 33156**

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

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

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-9-02**

Date

**(305)674-2610**

Daytime Phone #

CR2E034 (9/01)