

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90069 013 ***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

Suite, Apt. #, etc.

3. Mailing Address

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

7. Name and Address of New Registered Agent

AHMED, TAHIR MD
629 DESTACADA AVENUE
CORAL GABLES FL 33156

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. 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 V ☐ Delete
NAME GARCIA, HERNANDO MD
STREET ADDRESS 9801 SW 115 TERR.
CITY-ST-ZIP MIAMI FL 33176

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE V ☒ Change ☐ Addition
NAME KRIEGER, BRUCE, MD
STREET ADDRESS 5400 NE 33 AVE
CITY-ST-ZIP FT LAUDERDALE FL 33308

TITLE ST ☒ Change ☐ Addition
NAME CHEDIAK, ALEJANDRO, MD
STREET ADDRESS 440 SAN SERVANDO AVE
CITY-ST-ZIP CORAL GABLES FL 33134

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #