


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90214 015 ***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



1st MOORE CR2E034 (10/04)

4. FEI Number 65-0263665		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AHMED, TAHIR MD 629 DESTACADA AVENUE CORAL GABLES FL 33156		7. Name and Address of New Registered Agent 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		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AHMED, TAHIR MD 629 DESTACADA AVENUE CORAL GABLES FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST AHMED, TAHIR MD 629 DESTACADA AVE CORAL GABLES FL 33156 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KRIEGER, BRUCE, MD 5400 N.E. 33RD AVENUE FORT LAUDERDALE FL 33308 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CHEDIAK, ALEJANDRO MD 440 SAN SERVANDO AVE. CORAL GABLES FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHEDIAK, ALEJANDRO MD 440 SAN SERVANDO AVE CORAL GABLES FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GARCIA, HERNANDO MD 9801 SW 115 TERR. MIAMI FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GARCIA, HERNANDO MD 15981 SW 79 TERR MIAMI FL 33193 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

2/21/05

Date

305-674-2610

Daytime Phone #