


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90057 038 \*\*\*150.00

<b>DOCUMENT # S53570</b> 1. Entity Name <b>MIAMI BEACH PULMONOLOGISTS, P.A.</b>					
Principal Place of Business <b>% MOUNT SINAI MEDICAL CENTER 4300 ALTON ROAD, BLUM BLDG., 4TH FLOOR MIAMI BEACH, FL 33140</b>			Mailing Address <b>% MOUNT SINAI MEDICAL CENTER 4300 ALTON ROAD, BLUM BLDG., 4TH FLOOR MIAMI BEACH, FL 33140</b>		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip                      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip                      Country			
4. FEI Number <b>65-0263665</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>AHMED, TAHIR MD 629 DESTACADA AVENUE CORAL GABLES, FL 33156</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>AHMED, TAHIR MD</b> <b>629 DESTACADA AVENUE</b> <b>CORAL GABLES, FL 33156</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>KRIEGER, BRUCE, MD</b> <b>5400 N.E. 33RD AVENUE</b> <b>FORT LAUDERDALE, FL 33308</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>CHEDIAK, ALEJANDRO MD</b> <b>440 SAN SERVANDO AVE.</b> <b>CORAL GABLES, FL 33134</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>GARCIA, HERNANDO MD</b> <b>9801 SW 115 TERR.</b> <b>MIAMI, FL 33176</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>GARCIA, HERNANDO MD</b> <b>9801 SW 115 TERR.</b> <b>MIAMI, FL 33176</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>GARCIA, HERNANDO MD</b> <b>9801 SW 115 TERR.</b> <b>MIAMI, FL 33176</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 empowerments.					
<b>SIGNATURE:</b> _____		_____		_____	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	