

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S53570

FILED
Jan 05, 2007
Secretary of State

Entity Name: MIAMI BEACH PULMONOLOGISTS, P.A.

Current Principal Place of Business:

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

New Principal Place of Business:

MOUNT SINAI MEDICAL CENTER
4300 ALTON ROAD, GREENSPAN #2230
MIAMI BEACH, FL 33140

Current Mailing Address:

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

New Mailing Address:

MOUNT SINAI MEDICAL CENTER
4300 ALTON ROAD GREENSPAN #2230
MIAMI BEACH, FL 33140

FEI Number: 65-0263665

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AHMED, TAHIR MD
629 DESTACADA AVENUE
CORAL GABLES, FL 33156 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: AHMED, TAHIR MD,
Address: 629 DESTACADA AVENUE
City-St-Zip: CORAL GABLES, FL 33156

Title: P () Delete
Name: CHEDIAK, ALEJANDRO M, D
Address: 440 SAN SERVANDO AVE.
City-St-Zip: CORAL GABLES, FL 33134

Title: ST () Delete
Name: GARCIA, HERNANDO MD
Address: 9801 SW 115 TERR.
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change () Addition
Name: AHMED, TAHIR
Address: 4300 ALTON ROAD, GREENSPAN BUILDING #2230
City-St-Zip: MIAMI BEACH, FL 33140

Title: P (X) Change () Addition
Name: CHEDIAK, ALEJANDRO
Address: 4300 ALTON ROAD, GREENSPAN BUILDING #2230
City-St-Zip: MIAMI BEACH, FL 33140

Title: ST (X) Change () Addition
Name: GARCIA, HERNANDO
Address: 4300 ALTON ROAD, GREENSPAN BUILDING #2230
City-St-Zip: MIAMI BEACH, FL 33140

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALEJANDRO CHEDIAK

P

01/05/2007

Electronic Signature of Signing Officer or Director

Date