

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S53570

FILED  
Jan 11, 2008  
Secretary of State

Entity Name: MIAMI BEACH PULMONOLOGISTS, P.A.

## Current Principal Place of Business:

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

## New Principal Place of Business:

## Current Mailing Address:

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

## New Mailing Address:

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  
Address: 4300 ALTON ROAD, GREENSPAN BUILDING #2230  
City-St-Zip: MIAMI BEACH, FL 33140

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

01/11/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date