

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000089697

Entity Name: MIAMI SLEEP DISORDERS CENTER P.A.

Current Principal Place of Business:

7029 SW 61 AVE
SOUTH MIAMI, FL 33143-3420

Current Mailing Address:

7029 SW 61 AVE
SOUTH MIAMI, FL 33143-3420

FEI Number: 20-0183841

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TEJERA, RICHARD E
1735 PONCE DE LEON BLVD
CORAL GABLES, FL 33134 US

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

Officer/Director Detail :

Title DP
Name CHEDIAK, ALEJANDRO D
Address 7029 SW 61 AVE
City-State-Zip: SOUTH MIAMI FL 33143

Title VPST
Name CHEDIAK, PATRICIA T
Address 7364 SW 48 STREET
City-State-Zip: MIAMI FL 33155

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA CHEDIAK

VICE PRESIDENT

04/08/2014

Electronic Signature of Signing Officer/Director Detail

Date