

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000089697

Entity Name: MIAMI SLEEP DISORDERS CENTER P.A.

Current Principal Place of Business:

7364 SW 48 STREET
MIAMI, FL 33155

FILED
Apr 16, 2019
Secretary of State
1833090603CC

Current Mailing Address:

7364 SW 48 STREET
MIAMI, FL 33155 US

FEI Number: 20-0183841

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TEJERA, RICHARD E
7364 SW 48 STREET
MIAMI, FL 33155 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 | Title | VPST |
| Name | CHEDIAK, ALEJANDRO D | Name | CHEDIAK, PATRICIA T |
| Address | 7364 SW 48 STREET | Address | 7364 SW 48 STREET |
| City-State-Zip: | MIAMI FL 33155 | 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

MEMBER

04/16/2019

Electronic Signature of Signing Officer/Director Detail

Date