## 2018 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

**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 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

FILED Apr 27, 2018

**Secretary of State** 

CC4600313576

Officer/Director Detail:

Title DP Title VPST

NameCHEDIAK, ALEJANDRO DNameCHEDIAK, PATRICIA TAddress7364 SW 48 STREETAddress7364 SW 48 STREETCity-State-Zip:MIAMI FL 33155City-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

04/27/2018