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FILED
Jan 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G42173 (6)

1. Corporation Name
A. CARLOS CASADEMONT, M.D., P.A.



Principal Place of Business 7100 W 20TH AVE. #301 HIALEAH FL 33018	Mailing Address 7100 W 20TH AVE. #301 HIALEAH FL 33016-1812
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3. Date Incorporated or Qualified 06/03/1983		3a. Date of Last Report 02/07/1996	
2. Principal Place of Business 21 19310 W. DAKMONT DR Suite, Apt. #, etc.	2a. Mailing Address 26 19310 W. DAKMONT DR Suite, Apt. #, etc.	4. FEI Number 59-2300913	Applied For Not Applicable
22	27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 MIAMI - FLORIDA City & State Zip 33015 Country USA	28 MIAMI - FLORIDA City & State Zip 33015 Country USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25	29	30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent RODRIGUEZ-ECAY, HELIO 780 N.W. LEJEUNE RD. #616 MIAMI FL 33126				81 Name	10. Name and Address of New Registered Agent	
				82 Street Address (P.O. Box Number is Not Acceptable)		
				83		
				84 City	FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ Signature, typed or printed name of registered agent and fee # applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVS	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASADEMONT, LETICIA	1.2 NAME	CASADEMONT, Leticia
STREET ADDRESS	7100 W. 20TH AVE. #301	1.3 STREET ADDRESS	19310 W. DAKMONT DR
CITY - ST - ZIP	HIALEAH FL	1.4 CITY - ST - ZIP	MIAMI - FLORIDA 33015
TITLE	TD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASADEMONT, A. CARLOS	2.2 NAME	
STREET ADDRESS	7100 W. 20TH AVE. #301	2.3 STREET ADDRESS	
CITY - ST - ZIP	HIALEAH FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Sandra B. Mortham* 1/23-97 (205) 839-9744

CR2E034 (9/96)