## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # 531007

CARLOS JASSIR, M.D., P.A.

(3)

FILED
Apr 15 1997 8:00am
Secretary of State

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2. Prince pall Place of Business 2. Mailing Address 2. Mailing Address 3. File Number 3. Suite, Apt. #, etc. 3. Su	Applied For Not Applicable 8.75 Additional Fee Required 65.00 May Be Added to Fees under s. 199.032,
2. Frinc pall Flace of Business	Applied For Not Applicable 8.75 Additional Fee Required 65.00 May Be Added to Fees under s. 199.032,
Suite, Act. #, cfc.    Suite, Apt. #, efc.   Suite, Apt. #, efc.   S. Certificate of Status Desired   SE	8.75 Additional Fee Required 55.00 May Be Added to Fees under s. 199.032,
City & State  Country  B. This corporation has liability for intangible tax use Florida Statutes  Florida Statutes  Florida Statutes  Policy In Interpretation  10. Name and Address of New Registered Agen  11. Name  12. Street Address (P.O. Box Number is Not Acceptable)  City FL  83  84 City  FL  85  Street Address (P.O. Box Number is Not Acceptable)  14. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of charoffice 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 of the purpose of the obligations of, Section 607 0509, Florida Statutes, the above-named corporation submits this statement for the purpose of charoffice 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 of the purpose of the purpose of the obligations of, Section 607 0509, Florida Statutes, the above-named corporation submits this statement for the purpose of charoffice or registered agent, or both, in the State of Florida Statutes  83  83  84 City  FL  85  Street Address (P.O. Box Number is Not Acceptable)  10. Name and Address of New Registered Agent  10. Name and Address of Ne	Fee Required \$5.00 May Be Added to Fees under s. 199.032,
City & State    City & State   City & State   City & State   City & State   City & State   Country   Country   Country   Country   Country   Country   25   29   30   Florida Statutes   Point of Statutes   P	Added to Fees under s. 199.032, o
Zip	under s. 199.032, o
9. Name and Address of Current Registered Agent  LEFKOWITZ, IVAN 430 N. MILLS AVE. ORLANDO FL 32803  82 Street Address (P.O. Box Number is Not Acceptable)  83 B4 City  FL 85  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 charoffice 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 appointm agent I am familiery with, and accent the obligations of, Section 607.0505, Arottan Statutes.  SIGNATURE  Symptom opens of properties of Registered Agent agreement Agent Agent agreement Agent	
LEFKOWITZ, IVAN 430 N. MILLS AVE. ORLANDO FL \$2803  82 Street Address (P.O. Box Number is Not Acceptable)  83  84 City  FL 85  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 char 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 appointm agent 1 am familien with, and accept the obligations of, Section 697,6505, Florida Statutes, the above-named corporation submits this statement for the purpose of char 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 appointm agent 1 am familien with, and accept the obligations of, Section 697,6505, Florida Statutes, the above-named corporation submits this statement for the purpose of char of the corporation's board of directors. I hereby accept the appointm agent 1 am familien with, and accept the obligations of, Section 697,6505, Florida Statutes, the above-named corporation submits this statement for the purpose of char of the corporation submits this statement for the purpose of char of the corporation's board of directors. I hereby accept the appointm agent 1 am familien with, and accept the obligations of, Section 697,6505, Florida Statutes, the appointm agent 1 am familien with, and accept the appointm agent 1 am familien with, and accept the appointm agent 1 am familien with, and accept the appointm agent 1 am familien with, and accept the appointm agent 1 am familien with, and accept the appointm agent 1 am familien with, and accept the appointm agent 1 am familien with, and accept the appointm agent 1 am familien with, and accept the appointm agent 1 am familien with, and accept the appointm agent 1 am familien with, and accept the appointm agent 1 am familien with, and accept the appointm agent 1 am familien with, and accept the appointm agent 1 am familien with, an	
430 N. MILLS AVE. ORLANDO FL 32803  82 Street Address (P.O. Box Number is Not Acceptable)  83   84 City   FL   85   85   86   City   FL   85   86   City   FL   85   87   City   FL   85   88   City   FL   85   89   City   FL   85   89   City   FL   85   89   City   FL   85   80   City   FL   85   81   City   FL   85   82   Street Address (P.O. Box Number is Not Acceptable)  83   Record	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-hamed corporation submits this statement for the purpose of char 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 appointm agent. I am familier, with, and accept the obligations of, Section, 607.6505, Florida Statutes.  SIGNATURE  STRUCK types or proof of expotence agent and life if applicable. (INOTE: Registered Agent signature required when reinstating). DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  13. STREET ADDRESS  ORLANDO FL. 1.1 TITLE  1.3 STREET ADDRESS  ORLANDO FL. 1.4 CITY-ST-ZIP  DILE  NAME  JASSIR, CARLOS  STREET ADDRESS  3371 EDGECLIFF DRIVE  1.2 NAME  JASSIR, CARLOS  STREET ADDRESS  3371 EDGECLIFF DRIVE  2.2 NAME  STREET ADDRESS  3371 EDGECLIFF DRIVE  2.3 STREET ADDRESS  3371 EDGECLIFF DRIVE  2.3 STREET ADDRESS  3371 EDGECLIFF DRIVE  2.3 STREET ADDRESS	
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SIGNATURE  Signator types or personal of registered agent and little Flackscable (NOTE: Registered Agent signature required when reinstating)  DATE  12.	
TITLE	/ 1.7
NAME	Change Addition
STREET ADDRESS   3371 EDGECLIFF DRIVE   1.3 STREET ADDRESS   1.4 CITY-ST-ZIP	
THLE ST DELETE 2.1 TILE C NAME JASSIR, CARLOS 22 NAME STEEFLADDRESS 3371 EDGECLIFF DRIVE 2.3 STREET ADDRESS	
NAME JASSIR, CARLOS 22 NAME STEEF LADDRESS 3371 EDGECLIFF DRIVE 2.3 STREET ADDRESS	
STREET ADDRESS 3371 EDGECLIFF DRIVE 2.3 STREET ADDRESS	Change L Addition
CITY ST-78P ORLANDO FL 2 4 CITY-ST-ZIP	
	Change Addition
NAME 32 NAME	
STREET ADDRESS  3.3 STREET ADDRESS	
CITY - ST - ZIP	Change Addition
NAME 4.2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	
COLY-ST-ZIP 4.4 CITY-ST-ZIP	
	Change
NAME 52 NAME	
STREET ADDRESS 5.3 STREET ADDRESS	
COTY - ST - ZP	Change
NAME 62 NAME	
STREET ADDRESS 63 STREET ADDRESS	
CITY-ST-ZIP  64 CITY-ST-ZIP  64 CITY-ST-ZIP  64 CITY-ST-ZIP	

loo 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 13 it changed, or on an attachment with an address. CARLOS JASSIR, M.D., P.A.

SIGNATURE: