

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

FILED

Feb 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **548200** (5)

1. Corporation Name  
**CARLOS CARRASQUILLA, M.D., F.A.C.S., P.A.**

Principal Place of Business  
**% STUART S. ROSENTHAL  
800 E. CYPRESS CREEK RD., S-303  
FT. LAUDERDALE FL 33334**

Mailing Address  
**% STUART S. ROSENTHAL  
800 E. CYPRESS CREEK RD., S-303  
FT. LAUDERDALE FL 33334-3534**

3. Date Incorporated or Qualified  
**10/03/1977**

3a. Date of Last Report  
**04/08/1996**

2. Principal Place of Business  
**555 S.W. 12th Avenue**

2a. Mailing Address  
**555 S. W. 12th Avenue**

4. FEI Number  
**59-1767252**

Applied For  
Not Applicable

Suite, Apt. #, etc.  
**Suite 101**

Suite, Apt. #, etc.  
**Suite 101**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State  
**Pompano Beach, FL**

City & State  
**Pompano Beach, FL**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip  
**33069**

Zip  
**33069**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**ROSENTHAL, STUART S.  
800 E. CYPRESS CREEK RD.  
SUITE 303  
FT. LAUDERDALE FL 33334**

10. Name and Address of New Registered Agent

81 Name  
**Stuart S. Rosenthal, Esq.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**555 S. W. 12th Avenue**  
83 Suite 101  
84 City  
**Pompano Beach** **FL** 85 Zip Code  
**33069**

11. Pursuant to the provisions of Sections 607.0505 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

**Stuart S. Rosenthal, Esq.**

**1/21/97**

Signature typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>CARRASQUILLA, CARLOS MD</b>	
STREET ADDRESS	<b>4900 W. OAKLAND PK. BLVD</b>	
CITY-ST-ZIP	<b>LAUDERDALE LAKES FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, changed, or on an attachment with an address.

SIGNATURE:

**CARRASQUILLA**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02-07-97**

**904-739-5531**

Date

Daytime Phone #

CR2E034 (9/96)