FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00.

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Apr 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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	Mailing Address
555 S.W. 12th Avenue Suite 101 Pompano Beach, FL 33069	555 S.W. 12th Avenue Suite 101 Pompano Beach, FL 33069

DO NOT WRITE IN THIS SPACE

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

4. FEI Number: 59-1767252 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 404 E. Atlantic Blvd.	26 404 E. Atlantic Blvd.
Suite, Apt. #, etc. 22 Suite 101	Suite, Apt. #, etc. 27 Suite 101
City & State 23 Pompano Beach, FL	City & State 28 Pompano Beach, FL
Zip 24 33060	Country 25
Zip 29 33060	Country 30

9. Name and Address of Current Registered Agent

ROSENTHAL, STUART S.
555 S.W. 12th Avenue
Suite 101
Pompano Beach, FL 33069

10. Name and Address of New Registered Agent

81 Name: STUART S. ROSENTHAL, ESQ.
82 Street Address (P.O. Box Number is Not Acceptable): 404 East Atlantic Boulevard
83 Suite 101
84 City: Pompano Beach FL 85 Zip Code: 33060

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: STUART S. ROSENTHAL, ESQ. 3/11/98
Signature (or print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CARRASQUILLA, CARLOS MD 4900 W. OAKLAND PARK BOULEVARD LAUDERDALE LAKES FL ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition 200002495932 -04/22/98--01009--034 ***150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/97)

14. I 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: CARLOS CARRASQUILLA PRESIDENT 4/21/98 954-339-5531