

FILE NOW: FILING FEE AFTER MAY 1ST IS \$100

FILED  
Mar 23 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENTATE Sandra B. Mori Secretary of Sta DIVISION OF CORPONS
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DOCUMENT # 602033 (3)  
1. Corporation Name  
LEON SUISSA, M.D., P.A.

Principal Place of Business 12900 N.E. AVENUE SUITE 205 NORTH MIAMI FL 33181 US	Mailing Address 12900 N.E. AVENUE. SUITE 205 NORTH MIAMI FL 33181 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Col'
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3. Date Incorporated or Qualified 04/07/1970	4. FEI Number 59-1288287	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

SUISSA, LEON, M.D.  
12900 N.E. 17TH AVENUE, SUITE 205  
NORTH MIAMI FL 33181

10. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the are-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 authorize 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 Stat.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	SUISSA, LEON, M.D.
STREET ADDRESS	12900 NE 17TH AVE #205
CITY - ST - ZIP	NORTH MIAMI FL
TITLE	P
NAME	SUISSA, LEON, M.D.
STREET ADDRESS	12900 NE 17TH AVE #205
CITY - ST - ZIP	NORTH MIAMI FL
TITLE	S
NAME	SUISSA, LEON, M.D.
STREET ADDRESS	12900 NE 17TH AVE #205
CITY - ST - ZIP	NORTH MIAMI FL
TITLE	T
NAME	SUISSA, LEON, M.D.
STREET ADDRESS	12900 NE 17TH AVE #205
CITY - ST - ZIP	NORTH MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NE	
1.3 EET ADDRESS	
1.4 E - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 E	
2.2 NE	
2.3 EET ADDRESS	
2.4 E - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TE	
3.2 NE	
3.3 EET ADDRESS	
3.4 E - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 E	
4.2 NE	
4.3 EET ADDRESS	
4.4 EY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TE	
5.2 NE	
5.3 EET ADDRESS	
5.4 EY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TE	
6.2 NE	
6.3 EET ADDRESS	
6.4 EY - ST - ZIP	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0546370

CR2E034 (10/97)