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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENTATE

Sandra B. Mort

Secretary of Sta DIVISION OF CORPORIS

DOCUMENT # 602033

(3)

Mailing Address

LEON SUISSA, M.D., P.A.

Principal Place of Business

FILED Mar 23 1998 8:00am Secretary of State

12900 N.E. AVENUE SUITE 205 NORTH MIAMI FL 33181 US		12900 N.E. AVENUE. SUITE 205 NORTH MIAMI FL 33181 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/07/1970 A EEL Number Applied For			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	1	Applicable	
21		26			59-1288287			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	68.75 Additional Fee Required		
City & State	6	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 M Added to	Fees	
Zip	Country				8. This corporation owes or has paid the current	t year Intar	gible	
24	25	29	30		Porsonal Property Tax due June 30. ()	Yes ∟	No	
	9. Name and Address of Current	Registered Agent	1-21		10. Name and Address of New Registered Ag	ent		
SUISSA, LEON, M.D. 12900 N.E. 17TH AVENUE, SUITE 205 NORTH MIAMI FL 33181					Name Street Address (P.O. Box Number is Not Acceptable)			
			4	City	FL!	85 Zip C		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the ave-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 authorizely 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 States. SIGNATURE DATE								
	Signature, typed or printed name of registered agent		E Registerage	int signature requ	ured when reinstating) ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTORS	SIN 12	
12.	OFFICERS AND		13		ADDITIONS/CHANGES TO OTT DETIC AND	Change	Ogitible	
TITLE	D	☐ DELETE	1.1 E		_		{	
NAME	SUISSA, LEON, M.D.		1.2 M E	{				
STREET ADDRESS	12900 NE 17TH AVE #205		1.3 E ET	ADDRESS			ļ	
CITY - ST - ZIP	NORTH MIAMI FL		1.4 (- 5	37-ZIP		Change	Addition	
TITLE	P	☐ DELETE	2.1 1€		·	_3 0,101,00		
NAME	Suissa, Leon, M.D.		2.2 ME	ł				
STREET ADDRESS	12900 NE 17TH AVE #205		2.3 SE	ADDRESS				
CITY-ST-ZIP	north Miami Fl		2.44	ST-ZIP		Change	Addition	
TITLE	\$	DELETE	3.1 TE				L_1 reduction	
NAME	SUISSA, LEON, M.D.		3.2 N E	}				
STREET ADDRESS	12900 NE 17TH AVE #205			T ADDRESS				
CITY-ST-ZIP	NORTH MIAMI FL			ST-ZIP				
TITLE	7	DELETE	41			Change	Addition	
NAME	SUISSA, LEON, M.D.		4.2	<u>.</u> }				
STREET ADDRESS	12900 NE 17TH AVE #205		1 1	T ADDRESS				
ł	NORTH MIAMI FL			1				
CITY-ST-ZIP TITLE	1451111 MEANITE	DELETE	5.1 T LE	ST-ZIP		Change	Addition	
NAME		المارين ال	5.11 LE	1				
Y)				
STREET ADDRESS				et address				
CITY-ST-ZIP		[] pri fyr		-ST-ZIP		Change	Addition	
TITLE		DELETE	6.1 TTLE	1				
NAME			6.2 MM	· · ·				
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			6.4 CITY	-ST-ZIP	Lis Costion 110 07(3Vi) Florida Statutes I further ce	ertify that th	e information	
14. I hereby of indicated in officer or of the state of t	ertify that the information supplied with on this annual report or supplemental director of the corporation or the receiv	n this filing does not qualify fo annual report is true and acci ver or trustee empowered to e	or the exemurate and execute this execute the execute	nption stated that my sign is report as i	d in Section 119.07(3)(i), Florida Statutes. I further of nature shall have the same legal effect as if made un required by Chapter 607, Florida Statutes; and that i	der oath; ti my name a	nat I am an ppears in	