| COF | PROFIT RPORATION JAL REPORT | | Sendra | ARTMENT OF STATE B. Mortham lary of State | Mar 18 | | | | |
|--|--|---|---|--|--|--|---|---|--|
| 1998 | | A STATE | | CORPORATIONS | Secret | Secretary of State | | | |
| DOCU Corporatio | MENT # F | 41998 | (8) | | | | | | |
| FRANC | ISCO CASCANTE | E, M.D., P.A. | | | | åt täll åtber Grant | 01011 B)011 B(E | | |
| Principal Plac | e of Business | | Mailing Address | | | | | | |
| 4950 S.W. 8TH ST. STE 404 4950 S.W. 8TH ST. STE 404 P.O. BOX 140974 P.O. BOX 140974 CORAL GABLES FL 33134 CORAL GABLES FL 3313 | | | | | | RITE IN THIS S | SPACE | | |
| | | | | | Date Incorporated or Qualifie 08/01/1981 | ed | | | |
| | ace of Business PONCE DE LEC | ON BLVD | 28. Mailing Address 26 P.O. BOX | 140974 | 4. FEI Number 59-2113615 | | | pplied For ot Applicab | |
| Suite, Apt. | #, etc. SUITE # 404 | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | | \$8.75 | Additional equired | |
| City & Stat | • • GABLES - FL | | City & State CORAL GABLI | ES - FL | 6. Election Campaign Financing Trust Fund Contribution | | \$5.00 | May Be to Fees | |
| Zip 331 | .34 Count | · . | ^{Zip} 33114 | Country 30 | This corporation owes or has Personal Property Tax due J | | rent year Ini | | |
| CA | 9. Name and Addr SCANTE, FRANCISC | · · · · · · · · · · · · · · · · · · · | egistered Agent | 81 Name | 10, Name and Address of New | Registered / | Agent | | |
| 495 | 50 S.W. 8TH ST. STE | E 404 | | | Address (P.O. Box Number is Not Accept | otable) | | | |
| υU | RAL GABLES FL 33 | 134 | | 83 | | | | - . | |
| | | | | 00 | | | | | |
| | to the provisions of Sec | 1005 607 0502 a | nd 607 1508 Elovida Statu | 84 City | conception submits this statement for th | FL | | Code | |
| IGNATURE | 265 | enortho | GD, | 84 City Ites, the above-named authorized by the corp lorida Statutes. | corporation submits this statement for the sortion's board of directors. I hereby ac | ne purpose of cept the appr | | | |
| IGNATURE | Signature, typed or printing nam | enortho | G little if applicable (NO IRECTORS | 84 City Mas, the above-named authorized by the corp forida Statutes. TE: Registered Agent signature 13. | required when reinetating) ADDITIONS/CHANGES TO OF | DATE | changing if ointment as | ts registere registered | |
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