


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

FILED
Mar 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F41998**

(8)

1. Corporation Name

FRANCISCO CASCANTE, M.D., P.A.

Principal Place of Business

**4950 S.W. 8TH ST. STE 404
P.O. BOX 140974
CORAL GABLES FL 33134**

Mailing Address

**4950 S.W. 8TH ST. STE 404
P.O. BOX 140974
CORAL GABLES FL 33134**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 747 PONCE DE LEON BLVD		26 P.O. BOX 140974		08/01/1981	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 SUITE # 404		27		59-2113615	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 CORAL GABLES - FL		28 CORAL GABLES - FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 33134		29 33114			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CASCANTE, FRANCISCO, MD 4950 S.W. 8TH ST. STE 404 CORAL GABLES FL 33134				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85 Zip Code			

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

Francisco Cascante MD

Signature, typed or printed 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 <input type="checkbox"/> DELETE		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME DP CASCANTE, NANCY		1.2 NAME DP CASCANTE, NANCY	
STREET ADDRESS 4950 S.W. 8TH ST 404		1.3 STREET ADDRESS 747 PONCE DE LEON BLVD ST 404	
CITY-ST-ZIP CORAL GABLES FL		1.4 CITY-ST-ZIP CORAL GABLES FL	
TITLE <input type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME DP CASCANTE, FRANCISCO, MD		2.2 NAME DP CASCANTE, FRANCISCO, MD	
STREET ADDRESS 4950 S.W. 8TH ST. 404		2.3 STREET ADDRESS 747 PONCE DE LEON BLVD ST 404	
CITY-ST-ZIP CORAL GABLES FL		2.4 CITY-ST-ZIP CORAL GABLES FL	
TITLE <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

Francisco Cascante MD

(305-442-4546) (305) 2701668

1/9/98

CR2E034 (10/97)