SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H21301

NOVOA & CARUSO, M.D.'S, P.A.

Principal Place of Business 7101 SW 99TH AVENUE BLDG 108 BUILDING D. SUITE 108 MIAMI FL 33173

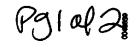
SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

Mailing Address

7101 SW 99TH AVENUE BLDG 108

APPROVED AND FILED



99 OCT -4 AM 9: 25

SECRETARY OF STATE TALLAHASSEE, FLORIDA



BUILDING D. SUITE 108 MIAMI FL 33173		SUITE 110 MIAMI FL 33173				DO NOT WRITE IN THIS SPA	ICE.
US		***************************************				3. Date Incorporated or Qualified 09/17/1984	
2. Principal Pi	lace of Business	2a. Mailing Address				4. FEI Number	Applied For
21	26					59-2457550	Not Applicable
Suite, Apt #, etc		Suite, Apt. #, etc.				5. Certificate of Status Desired	8.75 Additional Fee Required
City & State	e	City & State					5.00 May Be
23] Zip	Country	Zip	Co	ountry		Trust Fund Contribution S. This corporation owes the current year	Added to Fees
24	25	29	30	•		Intangible Personal Property.	s No
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Registered Age	nt
040	USO, MARK P			81 N	lame		
			82 Street Address (P.O. Box Number is Not Acceptable)				
7101 SW 99 AVENUE				31 eet Address (F.C. Box Number is Not Acceptable)			
	3. D, SUITE 108			83		·	
MIAN	II FL 33173						1 3: 0:4
				84 C	ity	FL ⁶⁴	Zip Code
office or i agent. I a SIGNATURE	registered agent, or both, in the State am familiar with, and accept the oblig	of Florida. Such change was ations of, section 607.0505, I	s authoriz Florida St	ed by the atutes.	corporation	ation submits this statement for the purpose of changin's board of directors. I hereby accept the appointme	ng its registered nt as registered
	Signature, typed or printed name of registered age:				signature requir	red when reinstating) DATE	DECTACO III 40
12.	VST OFFICERS AN	ID DIRECTORS	13	TITLE	T	ADDITIONS/CHANGES TO OFFICERS AND DI	
T-TLE	NOVOA, GABRIEL, JR.	DELETE				LJ (Change Addition
NAVE	7101 SW 99TH AVE. B-D108			NAME			[
STREET ADDRESS	MIAMI FL			STREET ADD	RESS		
CITY-ST-ZIP	D D			CITY-ST-ZIP			
TITLE	NOVOA, GABRIEL, JR.	DELETE		TITLE			Change Addition
NAME	7101 SW 99TH AVE. B-D108			NAME		100003013(241552
STREET ADDRESS	MIAMI FL			STREET ADD		-10/12/99****	1067-003
CITY ST ZIP	PD PD		_	CITY-ST-ZIP	- -	****150.00	****150.00
TITLE		DELETE		TITLE		(Change Addition
NAME	CARUSO, MARK P. 7101 SW 99TH AVE. B-D108			NAME			
STREET ADDRESS	MIAMI FL			STREET ADD	RESS		
CITY-ST-ZIP	MIAMI FE			CITY-ST-ZIP			F
TITLE		L DELETE		TITLE			Change L Addition
NAME				NAME			
STREET ADDRESS				TREET ADD	RESS		
CITY ST-ZIP				CITY-ST-ZIP			
TITLE		DELETE		TITLE		. \ ds el	Change L. Addition
NAME			1	NAME		(/5~/ /	
STREET ADDRESS				STREET ADD	RESS	1,1911	
CITY-ST-ZIP			_	CITY-ST-ZIP			
TITLE		DELETE		TITLE		<i>[]</i> ~ <i>[</i>].	hander Addition
NAME				NAME		/A , 'W	\ /\~
STREET ADDRESS			6.3 9	STREET ADD	RESS	, W,	1 X,
CITY ST ZIP	12		8.4 (CITY-ST-ZIP			
indicated of an officer of in Block 12	ordify that the information supplied with on this annual report or supplemental or director of the corporation or the re or Block 13 if changed, or on an atta	in this filling does not qualify for annual report is true and acc ceiver or trustee empowered achment with an address.	r ine exen curate and I to execu	nption sta I that my te this rep	ited in section signature signature signature port as requ	on 119.07(3)(i), Florida Statutes. I further certify that t shall have the same legal effect as if made under oat uired by Chapter 607, Florida Statutes; and that my r	ne information h; that I am lame appears

MARIC P. CARUCES MD 9/2/99

PO DOVOA & CARUSO, M.D.'S, P.A.
GABRIEL NOVOA JR., M.D.
MARK P. CARUSO, M.D.
INTERNAL MEDICINE
AND CARDIOVASCULAR DISEASES

7101 S.W. 99th AVENUE BUILDING D, SUITE 108 MIAMI, FLORIDA 33173 (305) 598-5986

September 27, 1999

DIVISION OF CORPORATIONS FLORIDA DEPT OF STATE P.O. BOX 1500 TALLAHASSEE, FL. 32302-1500

RE: ANNUAL REPORT FILINGS

AS PER PHONE CONVERSATION TODAY WITH AN OFFICER AT YOUR DEPARTMENT, WE WERE ADVISED TO MAIL THE PAYMENT FOR FILING OF OUR ANNUAL REPORT IN THE AMOUNT OF \$150.00 WITH THIS LETTER ADVISING YOU THAT WE NEVER RECEIVED THE ORIGINAL REQUEST FOR FILING.

WE HAVE COMPLETED THE FORM AND ENCLOSED THE CHECK. PLEASE CONTACT US IF THERE IS A QUESTION.

THANKING YOU IN ADVANCE,

SINCERELY,

TANIA T. MEDÍNA ADMINISTRATOR

CC FILES