


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 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # H21301 1. Corporation Name NOVOA & CARUSO, M.D.'S, P.A.	

Principal Place of Business 7101 SW 99TH AVENUE BLDG 108 BUILDING D, SUITE 108 MIAMI FL 33173 US	Mailing Address 7101 SW 99TH AVENUE BLDG 108 SUITE 110 MIAMI FL 33173
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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 Country
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9. Name and Address of Current Registered Agent CARUSO, MARK P 7101 SW 99 AVENUE BLDG. D, SUITE 108 MIAMI FL 33173
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> DELETE VST NOVOA, GABRIEL, JR. 7101 SW 99TH AVE. B-D108 MIAMI FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> DELETE D NOVOA, GABRIEL, JR. 7101 SW 99TH AVE. B-D108 MIAMI FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> DELETE PD CARUSO, MARK P. 7101 SW 99TH AVE. B-D108 MIAMI FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> DELETE

DO NOT WRITE IN THIS SPACE	
3. Date Incorporated or Qualified 09/17/1984	
4. FEI Number 59-2457550	Applied For <input type="checkbox"/> 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 the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100003013041--2 -10/12/99--01067--003 ***150.00 ***150.00
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **MARK P. CARUSO MD 9/27/99** (305) 596-5966

APPROVED AND FILED Pg 1 of 2

99 OCT -4 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E034 (5/99)

Pg 2 of 2

NOVOA & 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) 596-5966

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. MEDINA
ADMINISTRATOR

CC FILES

ANNUAL CORPORATION REPORT FILING