

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

FILED
Jul 27, 1999 8:00 am
Secretary of State
07-27-1999 90026 042 ***150.00

DOCUMENT # **J62093**

1. Corporation Name
CASCIONE & CASCIONE, M. D., P.A.

Principal Place of Business

1753 U. S. 90 WEST
LAKE CITY FL 32055

Mailing Address

1753 U. S. 90 WEST
LAKE CITY FL 32055

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/17/1987

4. FEI Number

59-2776160

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property.



Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NORRIS, JOHN E.
201 NORTH MARION STREET
SUITE 301, COMMUNITY NATIONAL BANK BLDG.
LAKE CITY FL 32055

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

SILVIA N. CASCIONE, MD **7/19/99**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CASCIONE, CARL JEROME	
STREET ADDRESS	1753 U.S.90 WEST	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	CASCIONE, SILVIA N.	
STREET ADDRESS	1753 U. S. 90 WEST	
CITY-ST-ZIP	LAKE CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:

SIGNATURE REQUIRED

7/19/99 904.252-3445

CR2E034 (5/99)

J62093
596655-90026-42

CASCIONE & CASCIONE, M.D.P.A.

GATEWAY SHOPPING CENTER

1753 HWY. 90 WEST / P.O. BOX 2045 / LAKE CITY, FLORIDA 32055
(904) 752-3445

SILVIA N. CASCIONE, M.D.
Internal Medicine

CARL J. CASCIONE, M.D.
Urology and Urologic Surgery

July 19, 1999

Florida Department of State
Annual Reports Filing
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Cascione, and Cascione, M.D., P.A.
Document #J62093
FEI Number 59-2776160

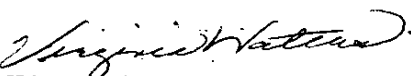
Dear Sirs:

Enclosed is the 1999 Profit Corporation Annual Report for the above named corporation. A check for \$150.00 is also enclosed for the usual and customary filing fee. This report is being filed upon your "2nd notice". Our office did not receive the original 1999 annual report packet, and Dr. Cascione is requesting a waiver of the \$400.00 late report fee.

If you will review the corporation filing history, you will note that this report has always been filed in a timely manner. Dr. Cascione is very diligent in taking care of this type of business matter. Had the original report packet been received, it would have been returned to your office before the deadline.

Your consideration in this matter is greatly appreciated.

Sincerely,


Virginia Waters
Office Manager