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Apr 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L36166

(1)

1. Corporation Name

MICHAEL G. CASSATLY, D.M.D., P.A., SOUTH FLORIDA  
ORAL AND MAXILLOFACIAL SURGERY

Principal Place of Business

Mailing Address

% DR MICHAEL G CASSATLY  
210 JUPITER LAKES BLVD., BLDG 5000. #206  
JUPITER FL 33458

% DR MICHAEL G CASSATLY  
210 JUPITER LAKES BLVD., BLDG 5000. #206  
JUPITER FL 33458



2. Principal Place of Business

2a. Mailing Address

21 1025 Military Trail  
Suite, Apt. #, etc.

26 1025 Military Trail  
Suite, Apt. #, etc.

22 Suite 110

27 Suite 110

23 City & State

28 City & State

23 Jupiter, FL

28 Jupiter, FL

24 Zip Country

29 Zip Country

24 33458-7189 25 Palm Beach

29 33458-7189 30 Palm Beach

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/11/1989

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0168440

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☐ No \*

10. Name and Address of New Registered Agent

CASSATLY DR, MICHAEL G  
BUILDING 5000, STE 206  
210 JUPITER LAKES BLVD.  
JUPITER FL 33458

81 Name

82 Street Address (P.O. Box Numbers Not Acceptable)

83 1025 Military Trail

84 Suite 110

City Jupiter

FL

85 Zip Code

33458-7189

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

Michael G. Cassatly

(NOTE: Registered Agent signature required when reinstating)

DATE

4/7/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME D  
CASSATLY, MICHAEL G DR  
STREET ADDRESS 210 JUPITER LAKES BLVD, SUITE 5206  
CITY - ST - ZIP JUPITER FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 1025 Military Trail, Suite 110

1.4 CITY - ST - ZIP Jupiter, FL 33458-7189

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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:

Michael G. Cassatly 4/7/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/7/97

CR2E034 (9/96)