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PROFIT CORPORATION ANNUAL REPORT



F_ORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996 DOCUMENT #

1. Corporation Name

M17497

(2)

FILED May 01, 1996 08:00 AM Secretary of State

ENRIQUE G. CASUSO, M.D., P.A.								
Principal Place o	f Business	Mailing	Address			4 INDIADIL IDI MAIS INDIN AIDLE IN	EST 1841 ATAIC BIBIT ATB)) 9 1911 91911 91911 1 91
351 NW LEJEUNE RD. 351 NW LEJEUNE RD.								
404 Miami Fl 33126			404 Miami Fl 33126					
MIRMI PL 3.	31.60	Mil	CANT LE SOIE			 Date Incorporated or Qualified 06/27/1985 	3a. Date of Las 10/19	t Report 9/1995
2. Principal Plac	e of Business	2a. Mail	ing Address			4. FEI Number		Applied for
		26		•		59-2593734		Not Applicable
Suite, Apt. #.	etc.	27 Suit	e Apt. #, etc			5. Certificate of Status Desired	1 1	. 75 Additional ee Required
	-	·	8 State			6. Election Campaign Financing		.00 May Be
		28				Trust Fund Contribution		ded to Fees
Z _{IP}	Country 25	Ζφ 29		Gount 30	ту	8. This corporation has liability for in Florida Statutes Yes	ntangible tax unde	ers 199.032,
L	9. Name and Address of Curr		Agent			10. Name and Address of New R	egistered Agent	
				8	1 Name			
CASUSO, ENRIQUE G. 7815 SW 83 CT.				8	2 Street Add	ress (P.O. Box Number is Not Acceptab	ile)	
				- E	3			
MAMI	FL 33143			٦	Ĭ			
				8	4 City		FL 85	Zip Code
2.		AND DIRECTOR	(C	13.	ped squatere respin	ADDITIONS/CHANGES TO OFF	ICERS AND DIRE.	
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4. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

642-3350