

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 18 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 # M17497 (2)
 1. Corporation Name:
ENRIQUE G. CASUSO, M.D., P.A.



Principal Place of Business: **351 NW LEJEUNE RD. 404 MIAMI FL 33126**
 Mailing Address: **351 NW LEJEUNE RD. 404 MIAMI FL 33126-5670**

2. Principal Place of Business: **21** Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 **25** **26** Mailing Address: **27** Suite, Apt. #, etc.
28 City & State
29 Zip **30** Country

3. Date Incorporated or Qualified: **06/27/1985**
 4. FEI Number: **59-2593734**
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
 7. This corporation has liability for intangible tax under s. 199, Florida Statutes: Yes No
 3a. Date of Last Report: **05/01/1996**
 3b. Annual or Not Annual: Annual Not Annual
 10. Name and Address of New Registered Agent

CASUSO, ENRIQUE G.
7815 SW 83 CT.
MIAMI FL 33143

81 Name
82 Street Address: (P.O. Box Number is Not Acceptable)
83
84 City **FL 85** Code

11. Pursuant to the provisions of Sections 607.09(1) and 607.1501, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, on the 18th day of March, 1997. 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 607.09(1), Florida Statutes.

SIGNATURE

3/12/97

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	CASUSO, ENRIQUE G.	
STREET ADDRESS	7815 SW 83 CT.	
CITY-STATE-ZIP	MIAMI FL 33143	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

14. I do hereby certify that the information applicable to this form does not qualify for the exemption stated in Section 139.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or on the amended annual report is true and correct and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation, or the registered or licensed professional to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 if changed, or on an attached card with an address.

SIGNATURE

3/12/97 205-142-3391

CR2E034 (9/96)