2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Secretary of State DOCUMENT # M17497 1. Entity Name 06-09-2005 90001 031 \*\*\*150.00 ENRIQUE G. CASUSO, M.D., P.A. Principal Place of Business Mailing Address 351 NW LEJEUNE RD. 351 NW LEJEUNE RD. MIAMI FL 33126 **MIAMI FL 33126** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) 4. FEI Number City & State City & State Applied For 59-2593734 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name -CASUSO, ENRIQUE G. Street Address (P.O. Box Number is Not Acceptable) 7815 SW 83 CT. **MIAMI FL 33143** City . . Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Dete:0 TITLE ☐ Change ☐ Addition RILE NAME NAME 7815 SW 83 CT. STREET ADDRESS STREET ADDRESS MIAMI FL 33143 CITY-ST-ZIP CHY-ST-ZIP ☐ Addition TITLE Delete HILE . ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THTLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition DILE TOME NAME STREET ADDRESS RET ADDRESS 7-ST-719 CITY-ST-ZIP HILE ı۴ ☐ Delate Change ☐ Addition NAME STREET ADDRESS THEFT ADDRESS CHY-SI-ZIP 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. : SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Jun 09, 2005 8:00 am