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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED

99 JUL 12 AM 11:22

FLORIDA DEPARTMENT OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # M24787

1. Corporation Name JOHN CASSEL, M.D., P.A.

Principal Place of Business 8950 N. KENDALL DR #106 MIAMI FL 33176

Mailing Address 8950 N. KENDALL DR #106 MIAMI FL 33176

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 12/18/1985
4. FEI Number 59-2647550
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 owns the current year Intangible Personal Property Tax.

2. Principal Place of Business
2a. Mailing Address
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country

9. Name and Address of Current Registered Agent
CASSEL, JOHN
8950 N. KENDALL DR #106
MIAMI FL 33176

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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] DATE: [Blank]

Table with 2 main columns: OFFICERS AND DIRECTORS and ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Includes fields for Title, Name, Street Address, 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)(f), 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, with all other like empowered.

SIGNATURE: [Signature] 6/14/99

Handwritten date 7/21/99 and initials