

FILED
Jun 23, 2002 8:00 am
Secretary of State

05-24-2002 91333 022 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **1124787** ✓

1. Entity Name

JOHN CASSEL MD PA**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

8450 N. KENDALL DR

3. Mailing Address

SAWE

Suite, Apt. #, etc.

#106

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip

33176

Country

USA

Zip

Country

SAWE

4. FEI Number

59 2647550

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name **JOHN CASSEL MD**

Street Address (P.O. Box Number is Not Acceptable)

8450 N KENDALL DR

City

MIAMI

FL

Zip Code

33176**DO NOT WRITE IN THIS SPACE**

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.

SIGNATURE

[Signature]

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/029. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **PRESIDENT**
 NAME **JOHN CASSEL MD**
 STREET ADDRESS **8450 N. KENDALL DR #106**
 CITY-STATE-ZIP **MIAMI FL 33176**

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DO NOT WRITE IN THIS SPACE

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/02 3055961010

CR2034B (12/01)