

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M80418** (0)

1. Corporation Name
JORGE I. CASARIEGO, M.D., P.A.



Principal Place of Business: **C/O JORGE I. CASARIEGO, 1900 CORAL WAY, SUITE 202, MIAMI FL 33145**
Mailing Address: **C/O JORGE I. CASARIEGO, 1900 CORAL WAY, SUITE 202, MIAMI FL 33145**

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

3. Date Incorporated or Qualified	3a. Date of Last Report
05/11/1988	04/25/1995
4. FEI Number	Applied For
65-0046433	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CASARIEGO, JORGE I.
1900 CORAL WAY
SUITE 202
MIAMI FL 33145**

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

11. Pursuant to the provisions of Section 607.071 and 607.072, 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, hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of Section 607.0606, Florida Statutes.

SIGNATURE

12.	OFFICERS AND DIRECTORS	<input type="checkbox"/>	DELETE
TITLE	D		
NAME	CASARIEGO, JORGE I.		
STREET ADDRESS	1900 CORAL WAY #202		
CITY-STATE-ZIP	MIAMI FL		
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	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
11 TITLE					
12 NAME					
13 STREET ADDRESS					
14 CITY-STATE-ZIP		<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
15 TITLE					
16 NAME					
17 STREET ADDRESS					
18 CITY-STATE-ZIP		<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
19 TITLE					
20 NAME					
21 STREET ADDRESS					
22 CITY-STATE-ZIP		<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
23 TITLE					
24 NAME					
25 STREET ADDRESS					
26 CITY-STATE-ZIP		<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition

14. I do hereby certify that the information supplied with this form is a true and correct copy for the corporation as stated in Section 119.073(4), Florida Statutes. I further certify that the information included on this 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 officer or director empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 (as applicable) or on an attached list with an address.

SIGNATURE: *Jorge I. Casariego* **Jorge I. Casariego, M.D., P.A.** 305 858 7590
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)