

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED
Jun 09 1997 8:00am
Secretary of State

DOCUMENT # M80418
 1. Corporation Name
Jorge I. Casaniego M.D., P.A.

Principal Place of Business Mailing Address
8600 S.W. 92nd STREET
Suite 203
Miami, FL 33156

21. Principal Place of Business Suite, Apt. #, etc. AS ABOVE	22. City & State Miami, FL	23. Zip 33156	24. Country USA	25. Mailing Address Suite, Apt. #, etc. AS ABOVE	26. City & State Miami, FL	27. Zip 33156	28. Country USA
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3. Date Incorporated or Qualified 05-11-88	3a. Date of Last Report 4-12-96
4. FEI Number 65-0046433	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
Jorge I. Casaniego
560 Reinante Ave.
Coral Gables, FL 33156

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
FL

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 **5-28-97**
Signature by and or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT / DIRECTOR	<input type="checkbox"/> DELETE
NAME Jorge I. Casaniego	
STREET ADDRESS 560 REINANTE AVE.	
CITY-ST-ZIP CORAL GABLES FL 33156	
TITLE <input type="checkbox"/> DELETE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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*****165.00**

14. I do 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 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 in an attachment with an address.

SIGNATURE *[Signature]* DATE **5-28-97 (305)**

CR2E034 (9/96)