

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000057779

1. Entity Name
DANIEL L. CASSIS, M.D., P.A.



Principal Place of Business
4701 N. MERIDIAN AVENUE
SUITE 7460
MIAMI BEACH, FL 33140

Mailing Address
4701 N. MERIDIAN AVENUE
SUITE 7460
MIAMI BEACH, FL 33140

2. Principal Place of Business
3801 BISCAYNE BLVD

3. Mailing Address
3801 BISCAYNE BLVD

Suite, Apt. #, etc.
3RD FLOOR

Suite, Apt. #, etc.
3RD FLOOR

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33137

Zip
33137

Country
U.S.A

Country
U.S.A

05202005 Chg-P CR2E034 (10/03)



4. FEI Number
65-1029627

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

Name

KUBIT, DONALD E ESQ.
100 S.E. 2ND STREET, 17TH FLOOR
MIAMI, FL 33131

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

City

FL 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PSTD
CASSIS, DANIEL L M.D.
4701 N. MERIDIAN AVENUE SUITE 7460
MIAMI BEACH, FL 33140

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3801 BISCAYNE BLVD, 3RD FL
MIAMI, FL 33137

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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:

Daniel L. Cassis, M.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #