

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000039337

**FILED**  
**Mar 03, 2011**  
**Secretary of State**

**Entity Name:** CASSOLA HEALTH SYSTEMS CORPORATION

**Current Principal Place of Business:**

8603 N.W. 192 LANE  
MIAMI, FL 33015

**New Principal Place of Business:**

**Current Mailing Address:**

8603 N.W. 192 LANE  
MIAMI, FL 33015

**New Mailing Address:**

**FEI Number:** 01-0678952

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CASSOLA, LISANDRA  
8603 NW 192ND LANE  
MIAMI, FL 33015 US

**Name and Address of New Registered Agent:**

CASSOLA, GERALDINE  
8603 NW 192ND LANE  
MIAMI, FL 33015 US

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:** GERALDINE CASSOLA

03/03/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** CASSOLA, GERALDINE  
**Address:** 8603 NW 192ND LN  
**City-St-Zip:** MIAMI, FL 33015

**Title:** VP  
**Name:** CASSOLA, GRISEL  
**Address:** 8603 N.W. 192 LANE  
**City-St-Zip:** MIAMI, FL 33015

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** GERALDINE CASSOLA

P

03/03/2011

Electronic Signature of Signing Officer or Director

Date