

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000001563

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** RENE CASANOVA MEDICAL OFFICE INC.

**Current Principal Place of Business:**

2924 SW 92 CT  
MIAMI  
FLORIDA, FL 33165

**New Principal Place of Business:**

**Current Mailing Address:**

2924 SW 92 CT.  
MIAMI, FL 33165

**New Mailing Address:**

**FEI Number:** 20-2106700

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CASANOVA, RENE  
2924 SW 92 CT.  
MIAMI, FL 33165 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: CASANOVA, RENE  
Address: 2924 SW 92 CT.  
City-St-Zip: MIAMI, FL 33165

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: RENE CASANOVA

MD

05/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date