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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P93000044981

1. Corporation Name

ESTHER MARIN-CASARIEGO, M.D., P.A.

Principal Place of Business Mailing Address							(BIA) BUAN BUAN PARA SIDII	10101 10101 1101 1001
7000 SW 97TH AVE.		700	7000 SW 97TH AVE.					
SUITE 201 SUITE 20		-						
MIAMI FL 33173 MIAMI FL 33173					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
						06/25/1993	1	
2 Principal P	Place of Business	22	Mailing Address			4. FEI Number		Applied For
21	taco of Basinose	26	maming / touroso			65-0423415	-	Not Applicable
Suite, Apt.	#_etc.	20	Suite, Apt. #, etc.			00 04204 10	<u>ξΩ</u> .	75 Additional
22	.,	27	33.13 / .p , 3.31			5. Certifcate of Status Desired	1 1	e Required
City & Stat	te		City & State		······································	6. Election Campaign Financing		.00 May Be
23		28	•			Trust Fund Contribution	1 1	ded to Fees
Zip	Country	150	Zip	Cour	ntry	8. This corporation owes the cur		
24	25	29		30		Personal Property Tax.	☐ Yes	₩No
	9. Name and Address of Curre		tered Agent	1 1		10. Name and Address of New	Registered Agent	
		•			81 Name			
	RIN-CASARIEGO, ESTHER			}	82 Street Ac	Ideas (D.O. Day Mysskas is Not Asses		
	SW 97TH AVE.				oz Street At	ddress (P.O. Box Number is Not Accept	lable)	
	TE 201				83	na keri sike ii		4.13.112 St.
MIAN	MI FL 33173			ļ		State of the state		1. N. F. M. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
					84 City		FL 85	Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 60	7.1508, Florida Statut	es, the ab	ove-named co	prporation submits this statement for the	purpose of changin	g its registered
office or r	egistered agent, or both, in the State im familiar with, and accept the oblig	of Florid	 a. Such change was a 	uthorized	by the corpora	ation's board of directors. I hereby acce	pt the appointment a	is registered
			Saction 607/0505 Flo	utet2 chin	tec			
	and accept the cong	allows bi,	Section 60 \ 0505, Flo	rida Statu	tes.	Mar Man Cossains	12/09	
SIGNATURE	Signature of ped or printed name of registered ag	<u>)</u> (more -		J. BY	Mer Marin (ASAngo I	1/7/99 DATE	
SIGNATURE	Lum	ent and title if	applicable. (NOTE		J. BY	Her MArin CASADRO	17/99 DATE	
SIGNATURE	Signature of ped or printed name of registered age	ent and title if	applicable. (NOTE	Registered /	Agent signature requ	Mey Marin (ASANGO I	17/99 DATE	CTORS IN 12
SIGNATURE	Signature of period or printed name of registered age OFFICERS A	ent and title if	applicable. (NOTE	Registered /	Agent signature requ	Mey Marin (ASANGO I	77/99 DATE FICERS AND DIRE	CTORS IN 12
SIGNATURE 12. TITLE	Signature based or printed name of registered age OFFICERS A.	ent and title if	applicable. (NOTE	13. 1.1 TITI 1.2 NAI	Agent signature requ	Mey Marin (ASANGO I	77/99 DATE FICERS AND DIRE	CTORS IN 12
SIGNATURE 12. TITLE NAME	Signature Land or printed name of registered age OFFICERS A D MARIN-CASARIEGO, ESTHER	ent and title if	applicable. (NOTE	13. 1.1 TITI 1.2 NAI 1.3 STE	Agent signature requ	Mey Marin (ASANGO I	77/99 DATE FICERS AND DIRE	CTORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature based or printed name of registered age OFFICERS A D MARIN-CASARIEGO, ESTHER 7000 SW 97TH AVE. #201	ent and title if	applicable. (NOTE	13. 1.1 TITI 1.2 NAI 1.3 STE	Agent signature required. E ME REET ADDRESS Y-ST-ZIP	Mey Marin (ASANGO I	77/99 DATE FICERS AND DIRE	CTORS IN 12 nge Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature based or printed name of registered age OFFICERS A D MARIN-CASARIEGO, ESTHER 7000 SW 97TH AVE. #201	ent and title if	applicable. (NOTE	13. 1.1 TITI 1.2 NAI 1.3 STF 1.4 CIT	Agent signature required. E ME REET ADDRESS Y-ST-ZIP E	Mey Marin (ASANGO I	17-199 FICERS AND DIRE	CTORS IN 12 nge Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature based or printed name of registered age OFFICERS A D MARIN-CASARIEGO, ESTHER 7000 SW 97TH AVE. #201	ent and title if	applicable. (NOTE	13. 1.1 TITI 1.2 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI	Agent signature required. E ME REET ADDRESS Y-ST-ZIP E	Mey Marin (ASANGO I	17-199 FICERS AND DIRE	CTORS IN 12 nge Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature based or printed name of registered age OFFICERS A D MARIN-CASARIEGO, ESTHER 7000 SW 97TH AVE. #201	ent and title if	applicable. (NOTE	13. 1.1 TITI 1.2 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF	E AE REET ADDRESS V. ST. ZIP E AE	Mey Marin (ASANGO I	17-199 FICERS AND DIRE	CTORS IN 12 nge Addition
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14. 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 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 or altechment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Jan 22, 1999 8:00am

Secretary of State

01-22-1999 90040 025 ***150.00