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95 MAY -1 PM 3:23

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Tallahassee, Florida  
Secretary of State  
CORPORATION QUARTERS AND

**DOCUMENT # P94000081382 (1)**

1. Corporation Name

**ALEJANDRO E. CASUSO, M.D., P.A.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
11/07/1994	
4. FEI Number	Applied For
65-0532793	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under Florida Statutes	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
8080 W FLAGLER ST SUITE 3A MIAMI FL 33144		8080 W FLAGLER ST SUITE 3A MIAMI FL 33144	
21. Principal Place of Business	26. Mailing Address	22. State, Apt. # etc.	27. State, Apt. # etc.
85 Grand Canal Drive		Suite 209	
23. City & State	28. City & State	24. Zip	29. County
Miami, Florida		33144	Dade

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CASUSO, ALEJANDRO E 8080 W FLAGLER ST SUITE 3A MIAMI FL 33144		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 85 Grand Canal Drive 83 Suite 209 84 City Miami FL 85 Zip Code 33144	

11. Pursuant to the provisions of Sections 607.0503 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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12:	
12.1 NAME	D CASUSO, ALEJANDRO E	13.1 NAME	DP Casuso, Alejandro E. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 STREET ADDRESS	8080 W FLAGLER ST SUITE 3A	13.2 STREET ADDRESS	85 Grand Canal Drive, Suite 209
12.3 CITY & STATE	MIAMI FL 33144	13.3 CITY & STATE	Miami, Florida 33144 <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.4 NAME		13.4 NAME	
12.5 STREET ADDRESS		13.5 STREET ADDRESS	
12.6 CITY & STATE		13.6 CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.7 NAME		13.7 NAME	
12.8 STREET ADDRESS		13.8 STREET ADDRESS	
12.9 CITY & STATE		13.9 CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 NAME		13.10 NAME	
12.11 STREET ADDRESS		13.11 STREET ADDRESS	
12.12 CITY & STATE		13.12 CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(1)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 of this report, or on an attachment with an address.

SIGNATURE: *Alejandro E. Casuso, M.D.* 4-28-95 (305) 261-5888  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR