

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 07, 2006 8:00 am**  
**Secretary of State**

06-07-2006 90001 037 \*\*\*150.00

<b>DOCUMENT # P96000015114</b>			
<b>1. Entity Name</b> ANGEL R. CASADEMONT, M.D., P.A.			
<b>Principal Place of Business</b> 15175 EAGLE SNEST LANE MIAMI LAKES, FL 33014		<b>Mailing Address</b> 15175 EAGLE SNEST LANE MIAMI LAKES, FL 33014	
<b>2. Principal Place of Business</b> <i>15175 Eagle Nest Lane</i>		<b>3. Mailing Address</b> <i>15175 Eagle Nest Lane</i>	
Suite, Apt. #, etc. <i>#100</i>		Suite, Apt. #, etc. <i>#100</i>	
City & State <i>Miami Lakes, FL</i>		City & State <i>Miami Lakes, FL</i>	
Zip <i>33014</i>		Zip <i>33014</i>	
Country <i>USA</i>		Country 	
<b>4. FEI Number</b> 65-0652238		Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> CASADEMONT, ANGEL MD 15175 EAGLES NEST LANE MIAMI LAKES, FL 33014		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>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.</b>			
SIGNATURE _____ DATE _____ <small>Signature typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent's signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST CASADEMONT, ANGEL 15175 EAGLE SNEST LANE MIAMI LAKES, FL 33014	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 another, he empowered.</b>			
<b>SIGNATURE:</b> <i>Angel R. Casademont</i> 6/20/06			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			