2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000015114

1. Entity Name

ANGÉL R. CASADEMONT, M.D., P.A.

Principal Place of Business

15175 EAGLE NEST LN STE 100 MIAMI LAKES, FL 33014 Mailing Address

15175 EAGLE NEST LN STE 100 MIAMI LAKES, FL 33014

FILED Apr 23, 2008 08:00 AN Secretary of State



DO NOT WOITE IN THE ODA				04182008	No Chg-P	34 (11/05)	
DO NOT WRITE IN THIS SPACE			4. FEI Number 65-0652238				Applied For Not Applicable
			5. Certificate of Status Desired See Required Fee Required				
	6. Name and Address of Current Regis	tered Agent			-		
CASADEMONT, ANGEL MD 15175 EAGLES NEST LANE MIAMI LAKES, FL 33014			DO NOT WRITE IN THIS SPACE				
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.							
SIGNATURE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financ Trust Fund Contribution.				5.00 May Be ided to Fees			
10.	OFFICERS AND DIRE	ï					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST CASADEMONT, ANGEL 15175 EAGLE SNEST LANE MIAMI LAKES, FL 33014				U00000 05/12/08-	91598 80010	6 -014 150.00
TITLE NAME STREET ADDRESS CITY-SI-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITI	E
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	HIS SP	ACE	E
TITLE NAME							

12. I hereby certify that the information supplied with this time 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 addressy with all other like empowered.

SIGNATURE: ___

STREET ADORESS
CITY-ST-ZIP
TITLE
NAME
STREET ADORESS
CITY-ST-ZIP

ATURS AND TYPED OR PRINTED NAME OF SIGNING OPPICER OR DIRECTOR

April 21, 2008 (305) 364-