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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000049893**1. Corporation Name

ALEJANDRO ENRIQUE CASUSO & GLADYS YOLANDA ALONSO , M.D. P.A.

Principal Place	e of Business	Mailing Address							
1435 WEST 49TH PLACE		1435 WEST 49TH PLACE					•		
#300		#300			DO NOT WRITE IN THIS SPACE				
HIALEAH FL 33012		HIALEAH FL 33012			3. Date Incorporated or Qualifed				
						06/05/1997			1
		A Maritin Address				4. FEI Number		. And	olied For
2. Principal Pl	lace of Business	2a. Mailing Address				65-0761100		<u></u>	Applicable
21		26						\$8.75 A	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	X	Fee Re	
22		27							<u> </u>
City & State	e	City & State				6. Election Campaign Financing		\$5.00 (Added to	
23		28				Trust Fund Contribution	4 1 . 4		01003
Zip	Country	Zip	Cou	ınıry		8. This corporation owes the curr			□No
24	25	29	30-	τ		Personal Property Tax. 10. Name and Address of New I			
	9. Name and Address of Curren	t Registered Agent		81	Name	10. Name and Address of New I	registered A	.gent	
CAC	HOO ALEIANDDO E MO	•		61	Name				
	USO, ALEJANDRO E MD			82	Street Add	ddress (P.O. Box Number is Not Acceptable)			
1435 WEST 49TH PLACE						A STATE OF THE PROPERTY OF THE			
#300	-			83		· · · · · · · · · · · · · · · · · · ·		19. 17. 17.	温频电池
HIAL	EAH FL 33012			84	City	10 Units 4 10 10 10 10 10 10 10 10 10 10 10 10 10	*	85 Zip C	ode
					•		FL	'	
11. Pursuant	to the provisions of Sections 607.050.	2 and 607.1508, Florida Statu	ites, the a	bove-	named corp	poration submits this statement for the	purpose of o	hanging its	registered
	to the provisions of Sections 607.050: egistered agent, or both, in the State im familiar with, and accept the obligat	of Florida. Such change was a	aurnonzeo	וו עם נ	ne corporati	on's board of directors. I hereby acce	pt the appoin	uneni as ieg	gistered
agent, i ai	m tamıllar with, and accept the obliga-	1015 01, 0601011 001.0000, 1 1	Origin State						I
-9	•								
SIGNATURE					signature require	ed when reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable. (NOT			signature require	ad when reinstating) , ADDITIONS/CHANGES TO OF		D DIRECTO	RS IN 12
SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AN		E: Registered	Agent s	signature require			D DIRECTO	RS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable. (NOT D DIRECTORS	E: Registered	Agent s	signature require				
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CITY-ST-ZIP 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 on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS