

FILED
Jul 19, 2001 8:00 am
Secretary of State

07-19-2001 90232 017 ***150.00

0021275 AV

DOCUMENT # P97000092524				Jul 19, 2001 8:00 am Secretary of State 07-19-2001 90232 017 ***150.00	
1. Entity Name MARIO MAGCALAS, M.D., P.A.					
Principal Place of Business 7100 W. 20TH AVENUE #504 HIALEAH FL 33016			Mailing Address 7100 W. 20TH AVENUE #504 HIALEAH FL 33016		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 65-0793259				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MUSSMAN, JAY D 5881 NW 151 STREET #101 MIAMI LAKES FL 33014			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>			10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State			\$5.00 May Be Added to Fees		
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAGCALAS, MARIO MD		NAME		
STREET ADDRESS	1820 SWEETBAY WAY		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33019		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other life empowered.					
SIGNATURE: _____			SIGNATURE _____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date _____ Daytime Phone # _____		



Attachment
MARIO M. MAGCALAS, M.D., F.C.C.P.

DIPLOMATE, AMERICAN BOARD OF INTERNAL MEDICINE
BOARD CERTIFIED IN INTERNAL MEDICINE
PULMONARY DISEASES AND CRITICAL CARE MEDICINE

PALMETTO MEDICAL PLAZA
7100 WEST 20TH AVE., SUITE 504
HIALEAH, FLORIDA 33016

TEL: (305) 820-1555
FAX: (305) 820-1903

July 09, 2001

Re: 2001 UNIFORM BUSINESS REPORT
DOCUMENT # P97000092524

#P97000092524
00060134

To whom it may concern:

Please find enclosed the original fee payment of \$150. The reason for this is that first notice was not received and therefore the late fee should be waved.

Should you need additional information do not hesitate to contact the office.

Sincerely,

[Signature]
DR. MARIO M. MAGCALAS