

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

0220878

DOCUMENT # P97000098656

1. Entity Name

CASANOVA & PETERSEN, M.D., P.A.

05-16-2001 90058 037 ***150.00

Principal Place of Business

Mailing Address

**11040 N KENDALL DRIVE
 C-100
 MIAMI FL 33176**

**11040 N KENDALL DRIVE
 C-100
 MIAMI FL 33176**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0809370

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHIMMEL, JOSEPH BARRY B ESQ
 9400 S. DADELAND BLVD.
 SUITE 600
 MIAMI FL 33156**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **PSD CASANOVA, LAIDA N MD**
 STREET ADDRESS **11040 N KENDALL DR, SUITE C-100**
 CITY-ST-ZIP **MIAMI FL 33176**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME ~~**S PETERSON, RICHARD A MD**~~
 STREET ADDRESS ~~**11040 N KENDALL DR, SUITE C-100**~~
 CITY-ST-ZIP ~~**MIAMI FL 33176**~~

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T PETERSEN, RICHARD A MD**
 STREET ADDRESS **777 E 25TH ST, #203**
 CITY-ST-ZIP **HIALEAH FL 33013**

TITLE Change Addition
 NAME **TREASURER, VP PETERSEN, RICHARD A MD**
 STREET ADDRESS **11040 N KENDALL DR. SUITE C-100**
 CITY-ST-ZIP **MIAMI, FL 33176**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
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TITLE Delete
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TITLE Change Addition
 NAME
 STREET ADDRESS
 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

Date

305 596 9979

Daytime Phone #

CR2E034 (10/00)