

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE Sandra B. Montross Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S96566 (2)

1. Corporation Name MARC E. CSETE, M.D., P.A.



Principal Place of Business

2001 LAKE AVENUE MIAMI BEACH FL 33140

Mailing Address

2001 LAKE AVENUE MIAMI BEACH FL 33140

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified 11/26/1991

3a. Date of Last Report 02/17/1995

4. FET Number 65-0302065

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. Yes X No

21. Subj. Apt. #, etc.

26. Subj. Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24.

25.

29.

30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CSETE, MARC E. 2001 LAKE AVENUE MIAMI BEACH FL 33140

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.04(2) and 607.16(1), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.04(2), Florida Statutes.

SIGNATURE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

DATE

Table with columns for Name, Title, and Delete checkbox. Row 1: D CSETE, MARC E., 2001 LAKE AVENUE, MIAMI BEACH FL.

Table with columns for Title, Name, Street Address, City, State, Zip, and Change/Addition checkboxes.

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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. I am an officer or director of the corporation or the registered or business empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 if it is signed by or for a natural person with an address.

SIGNATURE: X [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARC E. CSETE, MD ACCIDENT 1-31-96 305 931-0755

CR2E034 (12/95)