

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **V04049** (5)

1. Corporation Name
MONICA M. MANASA, M.D., P.A.

Principal Place of Business

**7100 SW 95 STREET
STE 4000
MIAMI FL 33156
US**

Mailing Address

**7100 SW 95 STREET
STE 4000
MIAMI FL 33156
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/01/1992	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0301821		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip Country	28 Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip		30 Country	
9. Name and Address of Current Registered Agent MANASA, MONICA M., M.D. 7100 SW 95 STREET STE 4000 MIAMI FL 33156				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	0	DELETED		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	MANASA, MONICA M.			Change Addition	
STREET ADDRESS	7100 SW 95 STREET				
CITY-ST-ZIP	MIAMI FL				
TITLE		DELETED		Change Addition	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		DELETED		Change Addition	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		DELETED		Change Addition	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		DELETED		Change Addition	
NAME					
STREET ADDRESS					
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, on an attachment with an address.

SIGNATURE:

Monica M. Manasa **MANASA, MONICA M.** 4/11/98 (305) 678-8936

CR2E034 (10/97)