# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 04, 2004 8:00 am**
**Secretary of State**
05-04-2004 90209 001 ***150.00

DOCUMENT # 422249

1. Entity Name
RX CASTILLO ORTHOPEDIC CENTER, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 3183 SW 8TH STREET<br>MIAMI, FL 33135 | 3183 SW 8TH STREET<br>MIAMI, FL 33135 |

44044150

04192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1452843
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CASTILLO, JOSE DEL
13340 SW 32ND STREET
MIAMI, FL 33175

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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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2004 Fee will be $550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | P |
| NAME | CASTILLO, JOSE DEL |
| STREET ADDRESS | 953 NW 133 COURT |
| CITY-ST-ZIP | MIAMI, FL |
| TITLE | VP |
| NAME | CASTILLO, VICKY DEL |
| STREET ADDRESS | 953 NW 133 COURT |
| CITY-ST-ZIP | MIAMI, FL |
| TITLE | T |
| NAME | CASTILLO, JOSE DEL |
| STREET ADDRESS | 953 NW 133 COURT |
| CITY-ST-ZIP | MIAMI, FL |
| TITLE | S |
| NAME | CASTILLO, VICKY DEL |
| STREET ADDRESS | 953 NW 133 COURT |
| CITY-ST-ZIP | MIAMI, FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** _____ 1/7/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #