

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 422249

FILED
Apr 30, 2009
Secretary of State

Entity Name: RX CASTILLO ORTHOPEDIC CENTER, INC.

Current Principal Place of Business:

3181 SW 8TH STREET
MIAMI, FL 33135

New Principal Place of Business:

Current Mailing Address:

3181 SW 8TH STREET
MIAMI, FL 33135

New Mailing Address:

FEI Number: 59-1452843

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEL CASTILLO, JOSE
8858 WEST FLAGLER ST
MIAMI, FL 33174 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DEL CASTILLO, JOSE
Address: 8858 WEST FLAGLER ST
City-St-Zip: MIAMI, FL 33174

Title: VP () Delete
Name: DEL CASTILLO, JOSE
Address: 8858 WEST FLAGLER ST
City-St-Zip: MIAMI, FL 33174

Title: T () Delete
Name: DEL CASTILLO, JOSE
Address: 8858 WEST FLAGLER ST
City-St-Zip: MIAMI, FL 33174

Title: S () Delete
Name: DEL CASTILLO, JOSE
Address: 8858 WEST FLAGLER ST
City-St-Zip: MIAMI, FL 33174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE DEL CASTILLO

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date