# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 27, 2004**
**Secretary of State**

DOCUMENT# L01000004301

**Entity Name:** MAURICIO J. CASTELLON M.D. PLC

**Current Principal Place of Business:**

111 E. HIBISCUS BLVD.
MELBOURNE, FL 32901

**New Principal Place of Business:**

1499 S. HARBOR CITY BLVD.
SUITE 301
MELBOURNE, FL 32901

**Current Mailing Address:**

111 E. HIBISCUS BLVD.
MELBOURNE, FL 32901

**New Mailing Address:**

1499S. HARBOR CITY BLVD.
SUITE 301
MELBOURNE, FL 32901

**FEI Number: 59-3709638** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ARNOLD MATHENY & EAGAN, P.A.
801 N. MAGNOLIA AVE. SUITE 201
ORLANDO, FL 32803 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

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete
Name: CASTELLON, MAURIUO J MD
Address: 111 E. HIBSICUS BLVD.
City-St-Zip: MELBOURNE, FL 32901

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition
Name: CASTELLON, MAURIUO J MD
Address: 1499 S. HARBOR CITY BLVD. SUITE 301
City-St-Zip: MELBOURNE, FL 32901

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MAURICIO J. CASTELLON DR. 04/27/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date