2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 18, 2005
Secretary of State

DOCUMENT# L01000004301

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3709638 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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/MANAGERS:

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

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: CASTELLON, MAURICIO 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, M.D. MGR 08/18/2005

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