2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0100004301



FILED Mar 11, 2003 8:00 am Secretary of State

MAURIC	CIO J. CASTELLON M.D. PL	C		03-11-2003 90023 02	8 ****50.00
	Place of Business	Mailing Address			
111 E. HIBISCUS BLVD. MELBOURNE FL 32901		111 E. HIBISCUS BLVD. MELBOURNE FL 32901			
2. Principa	al Place of Business	3. Mailing Address		- I HERMEN EN EGNA HERM EGNA EGNA EGNA EGNA	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 59-3709638	Applied F
Zip	Country	Zip	Country	5. Certificate of Status Desired	Not Appli
	6. Name and Address of Curr	rent Registered Agent	<u> </u>		Fee Required
AD	the second will be a second with		Name	7. Name and Address of New Registered	Agent
ARNOLD MATHENY & EAGAN, P.A. 801 N. MAGNOLIA AVE. SUITE 201 ORLANDO FL 32803		!		ss (P.O. Box Number is Not Acceptable)	
UH	ILANDO FL 32803				
			City	F	Zip Code
8. The abov	e named entity submits this statemen	nt for the purpose of changing it	s registered office or regis	tered agent, or both, in the State of Florida. I am	_ Zip code
the obliga	ations of registered agent.	The perpode of changing it	is registered office or regis	tered agent, or both, in the State of Florida. I am	familiar with, and acc
SIGNATURE					
	Signature, typed or printed name of registered ag	gent and title if applicable. (NO	TE: Registered Agent signature requ	ired when reinstating) DATE	
		FILE N	OW!!! FEE IS \$50.0	0	
		Make Check Payat	ole to Florida Departn	ent of State	
		Du	re By May 1, 2003		
9.	MANAGING MEM	BERS/MANAGERS	10.	ADDITIONS/CHANGES	
TITLE NAME	CASTELLON, MAURIUO J MD	☐ Delete	TITLE	, and the state of	☐ Change ☐ Add
STREET ADDRESS	111 E. HIBSICUS BLVD.		NAME		C Shangs C Add
CITY-ST-ZIP	MELBOURNE FL 32901		STREET ADDRESS		
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Thereby 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 is true and accurate and that my 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 exercised by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME