

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000129400

FILED
Jul 08, 2004
Secretary of State

Entity Name: ALBERT CASTELLON M.D.,P.A.

Current Principal Place of Business:

14673 SW 161 CT
MIAMI, FL 33196

New Principal Place of Business:

4613 N UNIVERSITY DR
#419
CORAL SPRINGS, FL 33067

Current Mailing Address:

14673 SW 161 CT
MIAMI, FL 33196

New Mailing Address:

4613 N UNIVERSITY DR
#419
CORAL SPRINGS, FL 33067

FEI Number: 20-0417262

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS RD #221E
PALM BEACH GARDENS, FL 33410 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CASTELLON, ALBERT
Address: % 14673 SW 161 CT
City-St-Zip: MIAMI, FL 33196

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/S (X) Change () Addition
Name: CASTELLON, ALBERT F P/S
Address: 6415 NW 80 DR
City-St-Zip: PARKLAND, FL 33067

Title: T () Change (X) Addition
Name: CASTELLON, LAURA A T
Address: 6415 NW 80 DR
City-St-Zip: PARKLAND, FL 33067

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 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: ALBERT CASTELLON

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07/08/2004

Electronic Signature of Signing Officer or Director

Date