

P03000129400

(Requestor's Name)

(Address)

(Address)

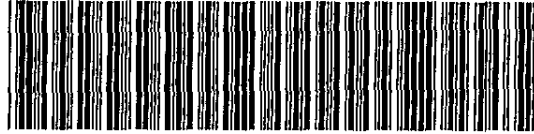
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

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Dr Albert Castellon  
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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Albert Castellon, MD, PA  
(Name of corporation)

**DOCUMENT NUMBER:** P03000129400

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Albert Castellon, MD  
(Name of contact person)

\_\_\_\_\_  
(Firm/Company)

4613 N University Dr #419  
(Address)

Coral Springs, FL 33067  
(City/state and zip code)

For further information concerning this matter, please call:

Albert Castellon at (305) 970-3193  
(Name of contact person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Albert Castellon, M.D., P.A.

2. The principal office address: 4613 N University Drive #419  
Coral Springs, FL 33067

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 11-10-03 Document number: P03000129400

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

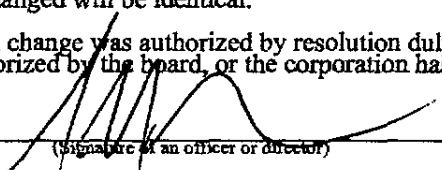
Corporate Creations NETWORK INC.  
~~941 Fourth Street #380~~ Prosperity Farms Rd,  
~~Arcami Beach, FL 33139~~ Palm Beach Gardens,  
FL 33410  
#221E

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Albert Castellon, MD  
4613 N University Dr #419  
(P.O. Box NOT acceptable)  
Coral Springs, FL 33067

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
(Signature of an officer or director)

Albert Castellon, P  
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

  
(Signature of Registered Agent)

11-8-04  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314