

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000129400

FILED
Feb 02, 2006
Secretary of State

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

Current Principal Place of Business:

4613 N UNIVERSITY DR
#419
CORAL SPRINGS, FL 33067

New Principal Place of Business:

Current Mailing Address:

4613 N UNIVERSITY DR
#419
CORAL SPRINGS, FL 33067

New Mailing Address:

FEI Number: 20-0417262 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASTELLON, ALBERT MD
4613 N. UNIVERSITY DR.
#419
CORAL SPRINGS, FL 33067 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/S (X) Change () Addition
Name: CASTELLON, ALBERT F P/S
Address: 10248 NW 62ND CT
City-St-Zip: PARKLAND, FL 33076

Title: T (X) Change () Addition
Name: CASTELLON, LAURA A T
Address: 10248 NW 62ND CT
City-St-Zip: PARKLAND, FL 33076

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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, M.D.

P

02/02/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date