

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000129400

**FILED**  
**Feb 18, 2011**  
**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

**OFFICERS AND DIRECTORS:**

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

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

I hereby 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 all other like empowered.

SIGNATURE: ALBERT CASTELLON

PRES

02/18/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date