#### **2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT# 422249** 

Entity Name: RX CASTILLO ORTHOPEDIC CENTER, INC.

Entity Name: KA CASTILLO OKTHOPEDIC CENTER, I

# **Current Principal Place of Business:**

3183 SW 8TH STREET MIAMI, FL 33135

## **Current Mailing Address:**

3183 SW 8TH STREET MIAMI. FL 33135 US

FEI Number: 59-1452843 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

DEL CASTILLO, JOSE 3183 SW 8TH STREET MIAMI, FL 33135 US

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

FILED Jun 22, 2020

**Secretary of State** 

2565316226CC

#### Officer/Director Detail:

Title P Title VP

NameDEL CASTILLO, JOSENameDEL CASTILLO, JOSEAddress8858 WEST FLAGLER STAddress8858 WEST FLAGLER ST

City-State-Zip: MIAMI FL 33174 City-State-Zip: MIAMI FL 33174

Title T Title S

NameDEL CASTILLO, JOSENameDEL CASTILLO, JOSEAddress8858 WEST FLAGLER STAddress8858 WEST FLAGLER ST

City-State-Zip: MIAMI FL 33174 City-State-Zip: MIAMI FL 33174

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: JOSE DEL CASTILLO

PRES OWNER

06/22/2020