

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000129400

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

Current Principal Place of Business:

4613 N UNIVERSITY DR
#419
CORAL SPRINGS, FL 33067

Current Mailing Address:

4613 N UNIVERSITY DR
#419
CORAL SPRINGS, FL 33067

FEI Number: 20-0417262

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

Officer/Director Detail :

Title P/S
Name CASTELLON, ALBERT FP/S
Address 7321 E CYPRESSHEAD DR
City-State-Zip: PARKLAND FL 33067

Title T
Name CASTELLON, LAURA AT
Address 7321 E CYPRESSHEAD DR
City-State-Zip: PARKLAND FL 33067

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

02/15/2016

Electronic Signature of Signing Officer/Director Detail

Date