

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2002 8:00 am
Secretary of State

03-04-2002 90014 042 ***150.00

DOCUMENT # 502434

1. Entity Name
CASTELLON RADIOLOGY, P.A.

Principal Place of Business

22247-ONEIDA AVE
P.O. BOX-2441
PT CHARLOTTE FL 33952
US

Mailing Address

22247-ONEIDA AVE
P.O. BOX-2441
PT CHARLOTTE FL 33952
US

505859



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

22247-ONEIDA-AVE

Suite, Apt. #, etc.
P.O. BOX 494308

City & State
PORT-CHARLOTTE-FL

Zip
33952

Country
U.S.

3. Mailing Address

22247-ONEIDA-AVE

Suite, Apt. #, etc.
P.O. BOX 494308

City & State
PORT-CHARLOTTE-FL

Zip
33952

Country
US

4. FEI Number

59-1662986

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CASTELLON, MAURICIO MD
22247-ONEIDA AVE
PORT CHARLOTTE FL 33952

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PVS
CASTELLON, MAURICIO, MD
22247 ONEIDA AVE
PORT CHARLOTTE FL 33952 ☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Mauricio Castellon** **2-17-02** **941-625-9966**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)