

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # 502434**

1. Entity Name  
**CASTELLON RADIOLOGY, P.A.**



Principal Place of Business

**22247-ONEIDA AVE  
P.O. BOX-494308  
PT CHARLOTTE, FL 33952 US**

Mailing Address

**22247-ONEIDA AVE  
P.O. BOX-494308  
PT CHARLOTTE, FL 33952 US**



03102008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

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

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04/02/08-80034-006-150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MARCH 14 2008 941-627-4385**

Date

Daytime Phone #