2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 597082

Entity Name: CASTELLANOS, EVANS & BORDEN, M.D., P.A.

FILED Apr 20, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
	TEHALL DR. , FL 33907	US				
Current Mailing Address:				New Mailing Address:		
12651 WHITEHALL DR. FT MYERS, FL 33907 US						
FEI Number: 59-1872129 FEI Number Applied For () FEI Nu		FEI Nun	mber Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent: Name a					Address of N	lew Registered Agent:
CASTELLANOS, RONALD DAVID 1215 KASAMADA FT MYERS, FL US			CASTELLANOS, RONALD DAVID 4386 JIB BOOM COURT APT 3 FT MYERS, FL 33919 US			
The above in the State		ubmits this statement for the pu	rpose o	f changing i	ts registered o	ffice or registered agent, or both,
SIGNATURE: RONALD D CASTELLANOS				04/20/2005		
Electronic Signature of Registered Agent						Date
Election Cam	npaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () CASTELLANOS, 1215 KASAMAD FT MYERS, FL			Title: Name: Address: City-St-Zip:	CASTELLANOS	OURT, APT 3
Title: Name: Address: City-St-Zip:	SD () EVANS, WILLIAI 5598 SUNDOWN FT MYERS, FL			Title: Name: Address: City-St-Zip:	()	Change ()Addition
Title: Name: Address: City-St-Zip:	TD () BORDEN, JAME 3880 W. RIVERS FT. MYERS, FL			Title: Name: Address: City-St-Zip:	()	Change () Addition
Title: Name: Address: City-St-Zip:	D () Delete BRETTON, PAUL R. 4849 LAUREL LANE b: FT MYERS, FL		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	D () RIZZO, JASPER 866 HATCHEE V FT MYERS, FL	ISTA DRIVE		Title: Name: Address: City-St-Zip:	()	Change () Addition
Title: Name:	D () MINTZ, MARK A	Delete		Title: Name:	()	Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: RONALD D CASTELLANOS PRES 04/20/2005

4629 S.E. 20TH PLACE

CAPE CORAL, FL 33904

Address:

City-St-Zip: