# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 23, 2008**
**Secretary of State**

DOCUMENT# 597082

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

**Current Principal Place of Business:**

12651 WHITEHALL DR.
FT MYERS, FL 33907 US

**New Principal Place of Business:**

**Current Mailing Address:**

12651 WHITEHALL DR.
FT MYERS, FL 33907 US

**New Mailing Address:**

507 DEL PRADO BLVD
CAPE CORAL, FL 33990 US

**FEI Number: 59-1872129** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CASTELLANOS, RONALD DAVID
4855 DOCKSIDE DRIVE
APT 202
FT MYERS, FL 33919 US

**Name and Address of New Registered Agent:**

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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | PD | ( ) Delete |
| Name: | CASTELLANOS, RONALD, D | |
| Address: | 4855 DOCKSIDE DRIVE, APT 202 | |
| City-St-Zip: | FT MYERS, FL 33919 | |
| Title: | SD | ( ) Delete |
| Name: | EVANS, WILLIAM P MD, | |
| Address: | 5598 SUNDOWN HARBOUR CT. | |
| City-St-Zip: | FT MYERS, FL 00000, | |
| Title: | TD | ( ) Delete |
| Name: | BORDEN, JAMES D., | |
| Address: | 3880 W. RIVERSIDE DRIVE | |
| City-St-Zip: | FT. MYERS, FL | |
| Title: | D | ( ) Delete |
| Name: | BRETTON, PAUL R. | |
| Address: | 4849 LAUREL LANE | |
| City-St-Zip: | FT MYERS, FL | |
| Title: | D | ( ) Delete |
| Name: | RIZZO, JASPER J | |
| Address: | 866 HATCHEE VISTA DRIVE | |
| City-St-Zip: | FT MYERS, FL 33919 | |
| Title: | D | ( ) Delete |
| Name: | MINTZ, MARK A | |
| Address: | 4629 S.E. 20TH PLACE | |
| City-St-Zip: | CAPE CORAL, FL 33904 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | D | (X) Change ( ) Addition |
| Name: | RIZZO, JASPER J | |
| Address: | 14169 REFLECTION LAKES DRIVE | |
| City-St-Zip: | FT MYERS, FL 33907 | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: RONALD D. CASTELLANOS PD 04/23/2008

Electronic Signature of Signing Officer or Director Date