

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 597082

FILED
Feb 09, 2009
Secretary of State

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:

507 DEL PRADO BLVD
CAPE CORAL, FL 33990 US

New Mailing Address:

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: 14169 REFLECTION LAKES DRIVE
City-St-Zip: FT MYERS, FL 33907

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
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

02/09/2009

Electronic Signature of Signing Officer or Director

Date