

FILED
Mar 19 1997 8:00am
Secretary of State

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 637387 (2)
1. Corporation Name
CESAR A. CASTILLO, M.D., P.A.



Principal Place of Business
P O BOX 140668
CORAL GABLES FL 33114-0668

Mailing Address
P O BOX 140668
CORAL GABLES FL 33114-0668

3. Date Incorporated or Qualified 09/25/1979
3a. Date of Last Report 02/01/1996
4. FEI Number 59-1933219
Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 State Apt. #, etc.

26 State Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

M J F REGISTERED AGENT CORP
153 SEVILLA AVENUE
CORAL GABLES FL 33114

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent and the Applicable

NOTE: Registered Agent signature required when reappointing

DATE

12.

OFFICERS AND DIRECTORS

12.1

NAME

STREET ADDRESS

CITY, ST, ZIP

12.2

NAME

STREET ADDRESS

CITY, ST, ZIP

12.3

NAME

STREET ADDRESS

CITY, ST, ZIP

12.4

NAME

STREET ADDRESS

CITY, ST, ZIP

12.5

NAME

STREET ADDRESS

CITY, ST, ZIP

12.6

NAME

STREET ADDRESS

CITY, ST, ZIP

12.7

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1

TITLE

13.2

NAME

13.3

STREET ADDRESS

13.4

CITY, ST, ZIP

13.5

TITLE

13.6

NAME

13.7

STREET ADDRESS

13.8

CITY, ST, ZIP

13.9

TITLE

13.10

NAME

13.11

STREET ADDRESS

13.12

CITY, ST, ZIP

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do 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 annual 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 12 or Block 13 or changed, or on an attachment with an address.

SIGNATURE:

Cesar Castillo
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 12, 1997 305.8586/98
Date Daytime Phone #

0161240

CR2E034 (9/96)