


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

FILED
Apr 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT '1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 650046 (6)

1. Corporation Name
EMILIO CASTANEDA, M.D., P.A.



Principal Place of Business 6811 PEMBROKE ROAD PEMBROKE PINES FL 33023	Mailing Address 6811 PEMBROKE ROAD PEMBROKE PINES FL 33023
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1811 NW 123 Ave Suite, Apt. #, etc.		2a. Mailing Address 26 1811 NW 123 Ave. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 01/01/1980	
22		27		4. FEI Number 59-1978163 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
23 PEMBROKE PINES FL City & State		28 PEMBROKE PINES FL City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24 33026 Zip		29 33026 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 FLORIDA Country		30 FLORIDA Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CASTANEDA, VILMA I. 6811 PEMBROKE ROAD PEMBROKE PINES FL 33023				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				85 Zip Code FL	

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: _____ (NOTE: Registered Agent signature required when reinstalling) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	NAME CASTANEDA, EMILIO E.	1.1 TITLE D.P.	1.2 NAME EMILIO E. CASTANEDA
STREET ADDRESS 6811 PEMBROKE RD	CITY-ST-ZIP PEMBROKE PINES FL	1.3 STREET ADDRESS 1811 N.W 123 AVENUE	1.4 CITY-ST-ZIP PEMBROKE PINES FL 33026
TITLE VTS	NAME CASTANEDA, VILMA I.	2.1 TITLE VTS	2.2 NAME VILMA I. CASTANEDA
STREET ADDRESS 6811 PEMBROKE RD	CITY-ST-ZIP PEMBROKE PINES FL	2.3 STREET ADDRESS 1811 N.W 123 AVENUE	2.4 CITY-ST-ZIP PEMBROKE PINES FL 33026
TITLE EMILIO E. CASTANEDA	NAME EMILIO E. CASTANEDA	3.1 TITLE	3.2 NAME
STREET ADDRESS 1811 NW 123 AVENUE	CITY-ST-ZIP PEMBROKE PINES FL 33026	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE VTS	NAME VILMA I. CASTANEDA	4.1 TITLE	4.2 NAME
STREET ADDRESS 1811 N.W 123 AVENUE	CITY-ST-ZIP PEMBROKE PINES FL 33026	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. I 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 annual 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 if changed, or on an attachment with an address.

SIGNATURE: **EMILIO E. CASTANEDA, M.D.**
 4/12/98

CR2E034 (10/97)