

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
--	---	--

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1811 NW 123 Ave Suite, Apt. #, etc. 22 City & State 23 PEMBROKE PINES FL Zip 24 33026 Country 25 BROWARD		2a. Mailing Address 26 1811 NW 123 Ave. Suite, Apt. #, etc. 27 City & State 28 PEMBROKE PINES FL Zip 29 33026 Country 30 Broward		3. Date Incorporated or Qualified 01/01/1980	
4. FEI Number 59-1978163		Applied For Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		5.00 May Be Added to Fees		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	
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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	DELETE	1.1 TITLE	D.P.	Change	Addition	
NAME	CASTANEDA, EMILIO E.		1.2 NAME	EMILIO E. CASTANEDA			
STREET ADDRESS	6811 PEMBROKE RD		1.3 STREET ADDRESS	1811 N.W. 123 AVENUE			
CITY-ST-ZIP	PEMBROKE PINES FL		1.4 CITY-ST-ZIP	PEMBROKE PINES FL 33026			
TITLE	VTS	DELETE	2.1 TITLE	VTS	Change	Addition	
NAME	CASTANEDA, VILMA I.		2.2 NAME	VILMA I. CASTANEDA			
STREET ADDRESS	6811 PEMBROKE RD		2.3 STREET ADDRESS	1811 N.W. 123 AVENUE			
CITY-ST-ZIP	PEMBROKE PINES FL		2.4 CITY-ST-ZIP	PEMBROKE PINES FL 33026			
TITLE	EMILIO E. CASTANEDA	DELETE	3.1 TITLE		Change	Addition	
NAME	1811 NW 123 AVENUE		3.2 NAME				
STREET ADDRESS	PEMBROKE PINES FL 33026		3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4 CITY-ST-ZIP				
TITLE	VTS	DELETE	4.1 TITLE		Change	Addition	
NAME	VILMA I. CASTANEDA		4.2 NAME				
STREET ADDRESS	1811 N.W. 123 AVENUE		4.3 STREET ADDRESS				
CITY-ST-ZIP	PEMBROKE PINES FL 33026		4.4 CITY-ST-ZIP				
TITLE		DELETE	5.1 TITLE		Change	Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		DELETE	6.1 TITLE		Change	Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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, MD
4/12/98

CR2E034 (10/97)