2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State
04-12-2004 90298 009 ***150.00

DOCUMENT # 674661

1. Entity Name
CASTILLO, BLACHAR & BRASAC, M.D., P.A.

Principal Place of Business	Mailing Address
~~2601 S.W. 27 AVENUE~~ ~~MIAMI, FL 33133~~	4302 ALTON RD #580 MIAMI, FL 33140

03292004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
4090 NW 97 AVE	
Suite, Apt. #, etc.: #200	Suite, Apt. #, etc.
City & State: MIAMI FL	City & State
Zip: 33178 Country	Zip Country

4. FEI Number: 59-2003879 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CASTILLO, MELVIN E. ~~2601 SW 27 AVENUE~~ ~~MIAMI, FL~~ MIAMI, FL 33133	Name Street Address (P.O. Box Number is Not Acceptable): 4090 NW 97 AVE #200 City: MIAMI FL Zip Code: 33178

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPT CASTILLO, MELVIN E ~~2601 SW 27 AVENUE~~ ~~MIAMI, FL~~	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV BLACHAR, LEONARDO ~~2601 SW 27TH AVE~~ ~~MIAMI, FL~~	☐ Delete	4090 NW 97 AVE MIAMI FL	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS BRASAC, PEDRO ~~2601 SW 27TH AVE~~ ~~MIAMI, FL~~	☐ Delete	4090 NW 97 AVE MIAMI FL	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: x _____ MA x 4/4/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #