

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 674661

1. Entity Name

CASTILLO, BLACHAR & BRASAC, M.D., P.A.



Principal Place of Business

4090 NW 97 AVE  
#200  
MIAMI, FL 33178

Mailing Address

4302 ALTON RD #580  
MIAMI BEACH, FL 33140

**FILED**  
**Jul 22, 2008 08:00 AM**  
**Secretary of State**



07112008

No Chg-P

CR2E034 (11/05)

4. FEI Number

59-2003879

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

CASTILLO, MELVIN E.  
4090 NW 97 AVE #200  
MIAMI, FL 33178

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	CASTILLO, MELVIN E
STREET ADDRESS	4090 NW 97 AVE #200
CITY-ST-ZIP	MIAMI, FL
TITLE	DV
NAME	BLACHAR, LEONARDO
STREET ADDRESS	4090 NW 97 AVE #200
CITY-ST-ZIP	MIAMI, FL
TITLE	DS
NAME	BRASAC, PEDRO
STREET ADDRESS	4090 NW 97 AVE #200
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000955820  
07/22/08-80008-007 550.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/08

Date

305 532 1989

Daytime Phone #