2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 674661

4090 NW 97 AVE #200

MIAMI, FL

Address: City-St-Zip:

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

FILED Feb 04, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
4090 NW : #200 MIAMI, FL	97 AVE				
Current Mailing Address:			New Mailing Address:		
	ON RD #580 ACH, FL 3314	0			
FEI Number	: 59-2003879	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
), MELVIN E. 97 AVE #200 33178 US				
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATU	RE:				
Electronic Signature of Registered Agent			ent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DPT (CASTILLO, ME 4090 NW 97 A' MIAMI, FL	*	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	DV (BLACHAR, LEC 4090 NW 97 A' MIAMI, FL		Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name:	DS () BRASAC, PED) Delete RO	Title: (Name:) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: MELVIN E. CASTILLO DPT 02/04/2009