

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 19, 2001 8:00 am**  
**Secretary of State**

07-19-2001 90236 031 \*\*\*150.00

FORM 3 AT

**DOCUMENT # J09380**  
 1. Entity Name  
**CARLOS H. CASTELLON, M.D., P.A.**

Principal Place of Business: **% CARLOS H. CASTELLON, MD  
 RT 13 BOX 372  
 LAKE CITY FL 33055-4090  
 US**  
 Mailing Address: **% CARLOS H. CASTELLON, MD  
 RT 13 BOX 372  
 LAKE CITY FL 33055-4090  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.

City & State

4. FEI Number **59-2719365**  
 Applied For   
 Not Applicable

Zip Country Zip Country

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

**6. Name and Address of Current Registered Agent**  
**CASTELLON, CARLOS H., MD**  
**RT 13 BOX 372**  
**LAKE CITY FL 32055**

**7. Name and Address of New Registered Agent**  
 Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** Zip Code \_\_\_\_\_

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**11. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>CASTELLON, CARLOS H.</b>	
STREET ADDRESS	<b>RT 13 BOX 372</b>	
CITY-ST-ZIP	<b>LAKE CITY FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>CASTELLON, MIREYA A.</b>	
STREET ADDRESS	<b>RT 13 BOX 372</b>	
CITY-ST-ZIP	<b>LAKE CITY FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Carlos Castellon*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-5-01 904-752-4199  
 Date Daytime Phone #

CFR2E094 (5/01)