

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J09380

**FILED**  
**Apr 05, 2005**  
**Secretary of State**

**Entity Name:** CARLOS H. CASTELLON, M.D., P.A.

**Current Principal Place of Business:**

% CARLOS H. CASTELLON, MD  
152 NW OTTER COURT  
LAKE CITY, FL 320559090 US

**Current Mailing Address:**

% CARLOS H. CASTELLON, MD  
152 NW OTTER COURT  
LAKE CITY, FL 320559090 US

**FEI Number:** 59-2719365

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**New Principal Place of Business:**

% CARLOS H. CASTELLON, MD  
152 NW OTTER COURT  
LAKE CITY, FL 320557252 US

**New Mailing Address:**

% CARLOS H. CASTELLON, MD  
152 NW OTTER COURT  
LAKE CITY, FL 320557252 US

**Name and Address of Current Registered Agent:**

CASTELLON, CARLOS H., MD  
152 NW OTTER COURT  
LAKE CITY, FL 32055 US

**Name and Address of New Registered Agent:**

CASTELLON, CARLOS H., MD  
152 NW OTTER COURT  
LAKE CITY, FL 320557252 US

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: \_\_\_\_\_

04/05/2005

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CASTELLON, CARLOS H.,  
Address: 152 NW OTTER COURT  
City-St-Zip: LAKE CITY, FL 320559090 US

Title: S ( ) Delete  
Name: CASTELLON, MIREYA A.,  
Address: 152 NW OTTER COURT  
City-St-Zip: LAKE CITY, FL 320559090

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: CASTELLON, CARLOS H.,  
Address: 152 NW OTTER COURT  
City-St-Zip: LAKE CITY, FL 320557252 US

Title: S (X) Change ( ) Addition  
Name: CASTELLON, MIREYA A.,  
Address: 152 NW OTTER COURT  
City-St-Zip: LAKE CITY, FL 320557252

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: CARLOS H CASTELLON

PRES

04/05/2005

Electronic Signature of Signing Officer or Director

Date