

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L10451

**FILED**  
**Apr 28, 2004**  
**Secretary of State**

**Entity Name:** JUAN A. CASTILLO-PLAZA, M.D., P.A.

**Current Principal Place of Business:**

% JUAN A. CASTILLO-PLAZA, M.D.  
6600 COW PEN RD. STE 310  
MIAMI LAKES, FL 33014 US

**Current Mailing Address:**

% JUAN A. CASTILLO-PLAZA, M.D.  
6600 COW PEN RD. STE 310  
MIAMI LAKES, FL 33014 US

**New Principal Place of Business:**

% JUAN A. CASTILLO-PLAZA, M.D.  
17901 N.W. 5 ST. STE. 204  
PEMBROKE PINES, FL 33029 US

**New Mailing Address:**

% JUAN A. CASTILLO-PLAZA, M.D.  
17901 N.W. 5 ST. STE. 204  
PEMBROKE PINES, FL 33029 US

FEI Number: 65-0138260

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CASTILLO-PLAZA, JUAN A., M.D.  
15600 N W 67TH AVE  
SUITE 105  
MIAMI LAKES, FL 33014

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

CASTILLO-PLAZA, JUAN A., M.D.  
17901 N.W. 5 ST. STE. 204  
PEMBROKE PINES, FL 33029

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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/28/2004

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CASTILLO-PLAZA, JUAN, A.  
Address: 6600 COW PEN RD. STE 310  
City-St-Zip: MIAMI LAKES FL,

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

Title: D (X) Change ( ) Addition  
Name: CASTILLO-PLAZA, JUAN, A.  
Address: 17901 N.W. 5 ST. STE. 204  
City-St-Zip: PEMBROKE PINES, FL 33029 US

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: JUAN CASTILLO-PLAZA

D

04/28/2004

Electronic Signature of Signing Officer or Director

Date