

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L10451

FILED  
Mar 28, 2007  
Secretary of State

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

## Current Principal Place of Business:

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

## Current Mailing Address:

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

## New Principal Place of Business:

% JUAN A. CASTILLO-PLAZA, M.D.  
17900 N.W. 5 ST. STE. 201  
PEMBROKE PINES, FL 33029 US

## New Mailing Address:

% JUAN A. CASTILLO-PLAZA, M.D.  
17900 N.W. 5 ST. STE. 201  
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.  
17901 N.W. 5 ST. STE. 204  
PEMBROKE PINES, FL 33029 US

## Name and Address of New Registered Agent:

CASTILLO-PLAZA, JUAN A., M.D.  
17900 N.W. 5 ST. STE. 201  
PEMBROKE PINES, FL 33029 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:

03/28/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition  
Name: CASTILLO-PLAZA, JUAN, A.  
Address: 17900 N.W. 5 ST. STE. 201  
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: MRS ( ) Change (X) Addition  
Name: CASTILLO-PLAZA, JUAN A  
Address: 17900 NW 5 STREET, SUITE 201  
City-St-Zip: MIRAMAR, FL

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

SIGNATURE: CASTILLO-PLAZA JUAN A

MRS

03/28/2007

Electronic Signature of Signing Officer or Director

Date