

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90085 017 ***150.00

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DOCUMENT # L10451

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



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

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

2. Principal Place of Business Suite, Apt. #, etc.
City & State

3. Mailing Address Suite, Apt. #, etc.
City & State

4. FEI Number **65-0138260** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
**CASTILLO-PLAZA, JUAN A., M.D.
15600 N W 67TH AVE
SUITE 105
MIAMI LAKES FL 33014**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

~~FILE NOW!!! FEE IS \$150.00~~
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTILLO-PLAZA, JUAN A. 6600 COW PEN RD. STE 310 MIAMI LAKES FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ~~SIGNATURE REQUIRED~~ **PRESIDENT JUAN A. CASTILLO PLAZA (305) 824-1993**
Date: **4/28/03** Daytime Phone # _____

CR2E034 (10/02)