

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000031367**

1. Entity Name  
GLOBAL FAMILY CARE, P.A.



Principal Place of Business  
1677 WELLS RD  
STE C  
ORANGE PARK, FL 32073

Mailing Address  
1677 WELLS RD  
STE C  
ORANGE PARK, FL 32073



01092007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 02-0574304	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**8. Name and Address of Current Registered Agent**

KEASLER, FRANK R JR.  
4309 PABLO OAKS CT., SUITE 5  
JACKSONVILLE, FL 32224

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	CASTIEL, ALBERTO
STREET ADDRESS	1677 WELLS RD
CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000588227  
01/17/07-80064-008 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Alberto Castiel, MD, President*

01/10/07

Date

(904) 215-8400

Daytime Phone #