2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000034253

Entity Name: AIDA E. CASTRO, M.D., P.A.

FILED Jan 05, 2011 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:	
4600 N. HABANA AVE SUITE 31 TAMPA, FL 33614			
Current Mailing Address:		New Mailing Address:	
PO BOX 261423 TAMPA, FL 336851423			
FEI Number: 03-0406874	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:	
CASTRO, AIDA E M.D. 10225 LOCKWOOD PINE TAMPA, FL 33635 US	S LANES		
The above named entity so in the State of Florida.	ubmits this statement for the p	ourpose of changing its registered	office or registered agent, or both,
SIGNATURE:			
Electronic Signature of Registered Age		ent	Date
OFFICERS AND DIRECT	ORS:		

Title:

 Name:
 CASTRO, AIDA E M.D.

 Address:
 PO BOX 261423

 City-St-Zip:
 TAMPA, FL 336851423

I hereby 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 all other like empowered.

SIGNATURE: ENRIQUE E AYO SR 01/05/2011