2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2006
Secretary of State

DOCUMENT# P03000073670

Entity Name: CASTHELY ORTHODONTICS, P.A.

Current Principal Place of Business:

160 NE 82ND STREET
MIAMI, FL 33138

New Principal Place of Business:

1400 NE MIAMI GARDENS DRIVE
SUITE #101
MIAMI, FL 33179

Current Mailing Address:

1400 NE MIAMI GARDENS DRIVE
101
MIAMI, FL 33179

New Mailing Address:

FEI Number: 20-0111053 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAGEN AND HAGEN, P.A.
3531 GRIFFIN ROAD
FT LAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

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 Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CASTHELY, F. LUCIE
Address: 160 NE 82ND STREET
City-St-Zip: MIAMI, FL 33138

Title: D ( ) Delete
Name: APOLLON, PIERRE
Address: 160 NE 82ND STREET
City-St-Zip: MIAMI, FL 33138

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CASTHELY, F. LUCIE
Address: 1400 NE MIAMI GARDENS DRIVE, #101
City-St-Zip: MIAMI, FL 33179

Title: D (X) Change ( ) Addition
Name: APOLLON, PIERRE
Address: 1400 NE MIAMI GARDENS DRIVE, #101
City-St-Zip: MIAMI, FL 33179

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: DR. F. LUCIE CASTHELY PRES 07/12/2006

Electronic Signature of Signing Officer or Director Date