

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000003651

FILED
Apr 28, 2004
Secretary of State

Entity Name: ALI G. CASTELLANOS, PSY.C., P.A.

Current Principal Place of Business:

10527 SW 77TH CT.
PINECREST, FL 33156

New Principal Place of Business:

6800 SW 133 TERRACE
PINECREST, FL 33156

Current Mailing Address:

10527 SW 77TH CT.
PINECREST, FL 33156

New Mailing Address:

6800 SW 133 TERRACE
PINECREST, FL 33156

FEI Number: 20-0586517

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASTELLANOS, ALI G
10527 SW 77TH CT.
PINECREST, FL 33156

Name and Address of New Registered Agent:

CASTELLANOS, ALI G
6800 SW 133 TERRACE
PINECREST, FL 33156

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: ALI G. CASTELLANOS, PSY.D., P.A.

04/28/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CASTELLANOS, ALI G
Address: 10527 SW 77TH CT.
City-St-Zip: PINECREST, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CASTELLANOS, ALI G
Address: 6800 SW 133 TERRACE
City-St-Zip: PINECREST, FL 33156

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ALI G. CASTELLANOS

PSYD

04/28/2004

Electronic Signature of Signing Officer or Director

Date