

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000109160

FILED  
Mar 02, 2009  
Secretary of State

Entity Name: BRIAN A. COSTELL, M.D., P.A.

## Current Principal Place of Business:

335 SOUTH BISCAYNE BLVD  
UNIT 905  
MIAMI, FL 33131

## New Principal Place of Business:

9970 CENTRAL PARK BLVD  
SUITE 401  
BOCA RATON, FL 33428 US

## Current Mailing Address:

335 SOUTH BISCAYNE BLVD  
UNIT 905  
MIAMI, FL 33131

## New Mailing Address:

9970 CENTRAL PARK BLVD  
SUITE 401  
BOCA RATON, FL 33428 US

FEI Number: 22-3902071

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

COSTELL, BRIAN A  
335 SOUTH BISCAYNE BLVD UNIT 905  
MIAMI, FL 33131 US

## Name and Address of New Registered Agent:

COSTELL, BRIAN A  
9970 CENTRAL PARK BLVD  
SUITE 401  
BOCA RATON, FL 33428 US

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: BRIAN A COSTELL

03/02/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D,P ( ) Delete  
Name: COSTELL, BRIAN A  
Address: 335 SOUTH BISCAYNE BLVD #905  
City-St-Zip: MIAMI, FL 33131

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MD (X) Change ( ) Addition  
Name: COSTELL, BRIAN A  
Address: 9970 CENTRAL PARK BLVD SUITE 401  
City-St-Zip: BOCA RATON, FL 33428 US

I hereby certify that the information supplied with this filing does not qualify 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: BRIAN A COSTELL

MD

03/02/2009

Electronic Signature of Signing Officer or Director

Date