

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000110070

FILED  
Mar 23, 2009  
Secretary of State

Entity Name: MANUEL A. CASTRO, MD, P.A.

**Current Principal Place of Business:**

1881 NE 26TH STREET  
SUITE 236  
WILTON MANORS, FL 33305

**New Principal Place of Business:**

**Current Mailing Address:**

1881 NE 26TH STREET  
SUITE 236  
WILTON MANORS, FL 33305

**New Mailing Address:**

FEI Number: 20-3265924      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CASTRO, MANUEL A MD  
1881 NE 26TH ST STE 236  
FORT LAUDERDALE, FL 33305      US

**Name and Address of New Registered Agent:**

CASTRO, MANUEL A MD  
1881 NE 26TH ST  
SUITE 236  
FORT LAUDERDALE, FL 33305 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: MANUEL A CASTRO MD      03/23/2009  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: CASTRO, MANUEL A  
Address: 1881 NE 26TH STREET, #236  
City-St-Zip: WILTON MANORS, FL 33305

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MANUEL A. CASTRO, MD      PRES      03/23/2009  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date