2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# P07000067168

Entity Name: BRISEIDA CASTA, MD, P.A.

Current Principal Place of Business:

2731 EXECUTIVE PARK DRIVE
SUITE 3
WESTON, FL 33331 US

New Principal Place of Business:

Current Mailing Address:

2731 EXECUTIVE PARK DRIVE
SUITE 3
WESTON, FL 33331 US

New Mailing Address:

FEI Number: 26-0329122 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

E-CONSULTING INCORPORATED
16300 NE 19TH AVENUE
SUITE 215
N MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

E-CONSULTING INCORPORATED
16499 NE 19TH AVENUE
SUITE 104
N MIAMI BEACH, FL 33162 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: MICHAEL LAWRENCE 05/01/2009
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: CASTA, BRISEIDA
Address: 2731 EXECUTIVE PARK DRIVE SUITE 3
City-St-Zip: WESTON, FL 33337 US

Title: VP ( ) Delete
Name: SANTOS, ALEXIS
Address: 2731 EXECUTIVE PARK DRIVE SUITE 3
City-St-Zip: WESTON, FL 33337 US

Title: S ( ) Delete
Name: CASTA, BRISEIDA
Address: 2731 EXECUTIVE PARK DRIVE SUITE 3
City-St-Zip: WESTON, FL 33337 US

Title: T ( ) Delete
Name: SANTOS, ALEXIS
Address: 2731 EXECUTIVE PARK DRIVE SUITE 3
City-St-Zip: WESTON, FL 33337 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: MICHAEL LAWRENCE RA 05/01/2009
Electronic Signature of Signing Officer or Director Date