

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000002363

**FILED**  
**Apr 15, 2009**  
**Secretary of State**

**Entity Name:** LAZARO L. CASTILLO, MD, PA

**Current Principal Place of Business:**

4017 DEL PRADO BLVD.  
CAPE CORAL, FL 33904

**New Principal Place of Business:**

**Current Mailing Address:**

4017 DEL PRADO BLVD.  
CAPE CORAL, FL 33904

**New Mailing Address:**

FEI Number: 26-1676696

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WANDERON, THOMAS  
809 WALKERBILT ROAD  
5  
NAPLES, FL 34110 US

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

TAX & FINANCIAL STRATEGIST LLC  
3365 WOODS EDGE CIR  
104  
BONITA SPRINGS, FL 34134 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: THOMAS WANDERON

04/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPST ( ) Delete  
Name: CASTILLO, LAZARO L  
Address: 4017 DEL PRADO BLVD.  
City-St-Zip: CAPE CORAL, FL 33904

**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: LAZARO CASTILLO

DPST

04/15/2009

Electronic Signature of Signing Officer or Director

Date