

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000056654

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** IVAN I. CASTELLON, M.D., P.A.

**Current Principal Place of Business:**

11320 SW 107 AVE  
MIAMI, FL 33176

**New Principal Place of Business:**

**Current Mailing Address:**

11320 SW 107 AVE  
MIAMI, FL 33176

**New Mailing Address:**

**FEI Number:** 27-3028328

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

THE MEDI-LAW FIRM  
1400 NW 10TH AVE PENTHOUSE III  
MIAMI, FL 33136 US

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

THE MEDI-LAW FIRM  
2100 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

02/16/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: CASTELLON, IVAN I MD  
Address: 11320 SW 107 AVE  
City-St-Zip: MIAMI, FL 33176

I hereby 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 all other like empowered.

SIGNATURE: IVAN I CASTELLON

D

02/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date