FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P93000024257**1. Corporation Name

OSVALDO MORALES DEL CASTILLO, M.D., P.A.

	 					ANG NIBAK KIBAK KIBBI		
Principal Pla	ace of Business	Mailing Address	•			*** ***** ***** 11681		
4048 EVANS	AVE.	4048 EVANS AVE.						
STE. #209 STE. #209			•					
FT. MYERS FL 33901 FT. MYERS FL 33901						DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed			
	ϵ^{*} .				04/01/1993			
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number	Ap	plied For	
21		26			65-0417446	No	t Applicable	
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 △	dditional	
22	A CALL STORY	27			5. Certificate of Status Desired	Fee Re		
City & St	ate	City & State			6. Election Campaign Financing	\$5.00	May Re	
23	28				Trust Fund Contribution	Added to		
Zip	Country	Zip	Cou	untry	8. This corporation owes the current year			
24	25 1. mas + 1.	29	30	•	Personal Property Tax.	Yes	□No	
	9. Name and Address of Curren		1001		10. Name and Address of New Registere			
				81 Name	The state of the s			
08	VALDO R. MORALES DEL CASTILI							
OSV404	48 EVANS AVE.	A. 操作 家体		82 Street Add	tress (P.O. Box Number is Not Acceptable)			
	E. #209			0.0	1 7 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		A 1786 Sec	
	MYERS FL 33901			83				
1 1.	MILITO I E 0000 I	μ		84 City		85 Zip C	ode	
Land and the constant	A year			" "	F	L	000	
11. Pursuar	nt to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	tes, the a	bove-named corp	poration submits this statement for the purpose	of changing its	registered	
office or	registered agent, or both, in the State (of Florida. Such change was a	authorized	d by the corporati	ion's board of directors. I hereby accept the app	ointment as reç	jistered	
	e se	10/13 01, Oddio11 007.0003, 1 R	Jilda Otat	utes.				
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOT)	E: Registered	l Agent signature require	red when reinstating). DATE			
12.	OFFICERS AN		13.	J. 11 - B. 12 - 12 - 12 - 12 - 12 - 12 - 12 - 12	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12	
TITLE 1 /	MD	☐ DELETE	1.1 T	TLE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Change	Addition	
NAME	DEL CASTILLO, ÖSVALDO M		1.2 N				-	
STREET ADDRES		***						
				TREET ADDRESS	•			
CITY-ST-ZIP	FT. MYERS FL 33901		_	TY-ST-ZIP				
₹IILE		☐ DELETE	2.1 π	RE-		☐ Change	☐ Addition	
NAME	* * *		2.2 NA	AME				
STREET ADDRES	s		2.3 \$7	TREET ADDRESS				
CITY-ST-ZIP	Clar Hally Back		240					
TITLE	The second secon	₹ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		iTY-ST-ZiP I				
NAME 3 N. C. S.		DELETE	3.1 TT	TLE		☐ Change	☐ Addition	
	\$1. 郑昭强北南北南的王原传》 (1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	160 ali ali	3.1 TT	TLE		☐ Change		
STREET ADDRES		V 35 1	3.1 TT 3.2 N/	TLE AME		☐ Change		
CITY-ST-ZIP		160 ali ali	3.1 TT 3.2 N/ 3.3 ST	TLE AME IREET ADDRESS		☐ Change		
TITLE			3.1 TT 3.2 NA 3.3 ST 3.4. Ct	TLE AME TREET ADDRESS JTY-ST-ZIP			Addition	
		160 ali ali	3.1 TT 3.2 N/ 3.3 ST	TLE AME TREET ADDRESS JTY-ST-ZIP		☐ Change		
NAME -			3.1 TT 3.2 NA 3.3 ST 3.4. CI 4.1 TT	TLE AME TREET ADDRESS JTY-ST-ZIP			Addition	
NAME STREET ADDRESS	S 2200 **********************************		3.1 TT 3.2 NA 3.3 ST 3.4. CI 4.1 TT 4:2 NA	TLE AME IREET ADDRESS ITY-ST-ZIP TLE			Addition	
STREET ADDRES	S P200		3.1 TT 3.2 NA 3.3 ST 3.4. Ct 4.1 TT 4:2 NA 4.3 ST	TLE AME IREET ADDRESS ITY-ST-ZIP ILE AME TREET ADDRESS			Addition	
14.4	S P200		3.1 TT 3.2 N/4 3.3 ST 3.4 Cd 4.1 TT 4.2 N/4 4.3 ST 4.4 Cf	TLE AME IREET ADDRESS ITY-ST-ZIP ILE AME TREET ADDRESS TY-ST-ZIP		☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	S P200	DELETE	3.1 TT 3.2 N/2 3.3 ST 3.4. Cd 4.1 TT 4.2 N/2 4.3 ST 4.4 Cr 5.1 TT	TLE AME IREET ADDRESS ITY-ST-ZIP ILE AME TREET ADDRESS TY-ST-ZIP ILE			Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME	S PARTY OF THE PAR	☐ DELETE	3.1 TT 3.2 NA 3.3 ST 3.4 CC 4.1 TT 4:2 NA 4.3 ST 4.4 CC 5.1 TM 5.2 NA	TLE AME IREET ADDRESS ITY-ST-ZIP ILE AME TREET ADDRESS TY-ST-ZIP ILE AME AME AME AME AME AME AME A		☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	S PARTY OF THE PAR	☐ DELETE	3.1 TT 3.2 NA 3.3 ST 3.4. Ct 4.1 TT 4.2 NA 4.3 ST 4.4 Cr 5.1 TM 5.2 NA 5.3 ST	TLE AME IREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP TLE MME REET ADDRESS		☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PARTY STATE OF STAT	☐ DELETE	3.1 TT 3.2 NA 3.3 ST 3.4. CI 4.1 TT 4.2 NA 4.3 ST 4.4 CI 5.1 TT 5.2 NA 5.3 ST 5.4 CI	TLE AME IREET ADDRESS ITY-ST-ZIP ILE AME TREET ADDRESS TY-ST-ZIP ILE AWE REET ADDRESS TY-ST-ZIP REET ADDRESS TY-ST-ZIP		☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	S PARTY OF THE PAR	☐ DELETE	3.1 TT 3.2 NA 3.3 ST 3.4. Ct 4.1 TT 4.2 NA 4.3 ST 4.4 Cr 5.1 TM 5.2 NA 5.3 ST	TLE AME IREET ADDRESS ITY-ST-ZIP ILE AME TREET ADDRESS TY-ST-ZIP ILE AWE REET ADDRESS TY-ST-ZIP REET ADDRESS TY-ST-ZIP		☐ Change	Addition Addition	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the consoration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FE MATERIAL

FILED

Jan 22, 1999 8:00am

Secretary of State 01-22-1999 90059 044 ***150.00