

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 17, 2002 8:00 am**  
**Secretary of State**

01-17-2002 90006 024 \*\*\*150.00

**DOCUMENT # P93000024257**

1. Entity Name  
**OSVALDO MORALES DEL CASTILLO, M.D., P.A.**

Principal Place of Business <b>4048 EVANS AVE.          STE. #209          FT. MYERS FL 33901</b>	Mailing Address <b>4048 EVANS AVE.          STE. #209          FT. MYERS FL 33901</b>
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2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0417446**      Applied For   
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

Zip      Country      Zip      Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OSVALDO R. MORALES DEL CASTILLO MD PA  
 4048 EVANS AVE.  
 STE. #209  
 FT. MYERS FL 33901**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

8. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS      12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MD DEL CASTILLO, OSVALDO M 4048 EVANS AVE., #209 FT. MYERS FL 33901</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. 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 report or supplemental 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 corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *OSVALDO MORALES DEL CASTILLO*      1/9/2002      (941) 278-9983  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)