

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000044670**

1. Corporation Name

HERNANDO L. DEL CASTILLO, M.D., P.A.

Principal Place of Business

1729 U.S. 27 NORTH
AVON PARK FL 33825

Mailing Address

1729 U.S. 27 NORTH
AVON PARK FL 33825

FILED
Jul 14, 1999 8:00 am
Secretary of State

07-14-1999 90014 016 ***150.00

588238 - 90014 - 10



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/17/1993

4. FEI Number

65-0414361

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

DEL CASTILLO, HERNANDO M.D.
1729 U.S. 27 NORTH
AVON PARK FL 33825

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **DEL CASTILLO, HERNANDO M.D.**
STREET ADDRESS **1729 U.S. 27 NORTH**
CITY-ST-ZIP **AVON PARK FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Hernando M.D. Castillo, President

July 8th, 1999 (941) 452 3828

CR2E034 (5/99)

Women's Health Center of Highlands County
OFFICE HOURS BY APPOINTMENT

588238-90014-16
P 9300044678
PHONE
(813) 452-6114
Fax (813) 452-6933

Hernando L. del Castillo, M.D., P.A.

*Diplomate of the American Board of
Obstetrics and Gynecology*

1729 U.S. 27 North
Avon Park, Florida 33825

July 9, 1999

Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, Fl. 32302-1500

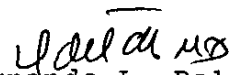
Dear Madam:

This is to confirm my phone conversation with The Division of Corporation, on July 8, 1999 at 9:30 a.m. in which I indicated that I haven't received the first notice of the 1999 Profit Corporation Annual Report.

According with the instruction, enclosed is the check #3515 for \$150.00 dollars.

Thank you, for your attention.

Sincerely, _____


Hernando L. Del Castillo, M.D., P.A.

Enclosure.

cc: File