

FROM :

FAX NO. : 3055699118

May 02 2005 10:33AM P1

FILED

May 04, 2005 08:00 AM
Secretary of State

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000048630	
1. Entity Name JORGE D. CASTANEDA M.D., P.A.	
Principal Place of Business 3133 PONCE DE LEON BLVD CORAL GABLES, FL 33134	Mailing Address 3133 PONCE DE LEON BLVD #303 CORAL GABLES, FL 33134
DO NOT WRITE IN THIS SPACE	



05012005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2794350	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CASTANEDA, JORGE D
3133 PONCE DE LEON BLVD
CORAL GABLES, FL 33134

**DO NOT WRITE
IN THIS SPACE**

7. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Sign, or, typed or printed name of registered agent and title (if applicable). (NOT: Registered Agent Signature required when reissuing)

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTANEDA, JORGE D 3133 PONCE DE LEON BLVD CORAL GABLES, FL 33134
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 10 or Block 11 if changed, or on an attachment with an address, with or without other like empowered.

SIGNATURE: _____ Date _____
SIGNATURE AND TYPE OR PRINTED NAME OF SECRETARY OR DIRECTOR

[Handwritten Signature] 5/1/05