

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P94000059035**

1. Entity Name

**CASTILLO-PLAZA & ASSOCIATES, M.D., INC.****FILED**  
**Apr 27, 2000 08:00 AM**  
**Secretary of State**

Principal Place of Business

15600 NW 67TH AVE SUITE 105  
6600 NW PEN ROAD SUITE 310  
MIAMI LAKES  
33014 US

Mailing Address

4651 SHERIDAN STREET  
SUITE 400  
HOLLYWOOD  
33021 FL2. Principal Place of Business  
6600 COWPEN ROAD

3. Mailing Address

Suite, Apt. #, etc.  
SUITE 310

Suite, Apt. #, etc.

City & State  
MIAMI LAKES FL

City &amp; State

Zip  
33014Country  
US

Zip

Country

4. FEI Number

**65-0513968**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

**MARTUS JAY A**  
**4651 SHERIDAN STREET., SUITE 400****HOLLYWOOD FL**  
**33021 US**

## 7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

**04/27/2000**

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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

TITLE **V** ☐ Delete  
NAME **CASTILLO-PLAZA JUAN A**  
STREET ADDRESS **6600 COWPEN ROAD**  
CITY-ST-ZIP **MIAMI LAKES FL 33014**TITLE **COOD** ☐ Delete  
NAME **SCHUNDLER MICHAEL**  
STREET ADDRESS **4651 SHERIDAN STREET., STE 400**  
CITY-ST-ZIP **HOLLYWOOD FL 33021**TITLE **VS** ☐ Delete  
NAME **MARTUS JAY A**  
STREET ADDRESS **4651 SHERIDAN STREET., STE 400**  
CITY-ST-ZIP **HOLLYWOOD FL 33021**TITLE **EVP** ☐ Delete  
NAME **GOLD LEWIS**  
STREET ADDRESS **4651 SHERIDAN STREET., STE 400**  
CITY-ST-ZIP **HOLLYWOOD FL 33021**TITLE **PD** ☐ Delete  
NAME **EISENBERG MITCHELL**  
STREET ADDRESS **4651 SHERIDAN STREET., STE 400**  
CITY-ST-ZIP **HOLLYWOOD FL 33021**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE **VP** ☒ Change ☐ Addition  
NAME **CASTILLO-PLAZA JUAN A**  
STREET ADDRESS **6600 COWPEN ROAD, SUITE 310**  
CITY-ST-ZIP **MIAMI LAKES FL 33014**TITLE **CFOD** ☒ Change ☐ Addition  
NAME **COWARD ROBERT**  
STREET ADDRESS **4651 SHERIDAN STREET., STE 400**  
CITY-ST-ZIP **HOLLYWOOD FL 33021**TITLE **VPS** ☒ Change ☐ Addition  
NAME **MARTUS JAY A**  
STREET ADDRESS **4651 SHERIDAN STREET., STE 400**  
CITY-ST-ZIP **HOLLYWOOD FL 33021**TITLE **EVPD** ☒ Change ☐ Addition  
NAME **GOLD LEWIS**  
STREET ADDRESS **4651 SHERIDAN STREET., STE 400**  
CITY-ST-ZIP **HOLLYWOOD FL 33021**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

J. A. M. A. V. P. S.

VP/S

04/27/2000