

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000091821

FILED  
Apr 18, 2007  
Secretary of State

Entity Name: CELESTINO P. CASTELLON, M.D., P.A.

## Current Principal Place of Business:

777 E 25TH STREET  
501  
HIALEAH, FL 33013 US

## Current Mailing Address:

777 E 25TH STREET  
501  
HIALEAH, FL 33013 US

FEI Number: 65-0709370

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## New Principal Place of Business:

777 E 25TH STREET  
507  
HIALEAH, FL 33013 US

## New Mailing Address:

777 E 25TH STREET  
507  
HIALEAH, FL 33013 US

## Name and Address of Current Registered Agent:

CASTELLON, MARISA  
777 EAST 25TH STREET  
501  
HIALEAH, FL 33013 US

## Name and Address of New Registered Agent:

CASTELLON, MARISA  
777 EAST 25TH STREET  
507  
HIALEAH, FL 33013 US

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: MARISA CASTELLON

04/18/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: CASTELLON, CELESTINO P M.D.  
Address: 777 E 25TH STREET SUITE 501  
City-St-Zip: HIALEAH, FL 33013

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: CASTELLON, CELESTINO P M.D.  
Address: 777 E 25TH STREET SUITE 507  
City-St-Zip: HIALEAH, FL 33013

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CELESTINO P. CASTELLON

M.D.

04/18/2007

Electronic Signature of Signing Officer or Director

Date