

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 08, 2007 8:00 am**  
**Secretary of State**

05-08-2007 90104 001 \*\*\*300.00

**DOCUMENT # P98000000378**

1. Entity Name

GUSTAVO RUIZ DE CASTILLA, D.M.D., P.A.



Principal Place of Business

4129 WEST KENNEDY BLVD. STE. #1  
TAMPA, FL 33609

Mailing Address

4129 WEST KENNEDY BLVD. STE. #1  
TAMPA, FL 33609



01082007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3488215

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

RUIZ DE CASTILLA, GUSTAVO  
4129 WEST KENNEDY BLVD  
SUITE 1  
TAMPA, FL 33609

**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DMD
NAME	RUIZ DE CASTILLA, GUSTAVO
STREET ADDRESS	4129 WEST KENNEDY BLVD., SUITE 1
CITY-ST-ZIP	TAMPA, FL 33609

TITLE	
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CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 all other like empowered.

**SIGNATURE:**

*Gustavo Ruiz de Castilla*

GUSTAVO RUIZ DE CASTILLA, DMD 1/8/07

Date

(813) 289-3640

Daytime Phone #