

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90078 015 \*\*\*150.00

**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



04172008

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, 2008 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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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, D.M.D.** 4/16/08 (813) 289-3640

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #