

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000015688

**FILED**  
**Feb 02, 2012**  
**Secretary of State**

**Entity Name:** LEONARDO CASTANEDA M.D.P.A.

**Current Principal Place of Business:**

4725 NORTH FEDERAL HIGHWAY  
FT. LAUDERDALE, FL 33008

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 11121  
FORT LAUDERDALE, FL 33339 US

**New Mailing Address:**

**FEI Number:** 65-0824395

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CASTANEDA, LEONARDO  
4725 N. FEDREAL HIGHWAY  
FORT LAUDERDALE, FL 33308 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: CASTANEDA, LEONARDO  
Address: P.O. BOX 11121  
City-St-Zip: FORT LAUDERDALE, FL 33339

I hereby 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 all other like empowered.

SIGNATURE: LEONARDO CASTANEDA

DR

02/02/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date