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**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 01, 1999 8:00 am Secretary of State 04-01-1999 90101 037 \*\*\*150.00

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1. Corporation Name

CASTILLO & LABRADOR, M.D., P.A.

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Principal Place	e of Business	Mailing Address	<del></del>			-			
8420 W. FLAGLER STREET. STE. 214 MIAMI FL 33144  8420 W. FLAGLER STREET. MIAMI FL 33144						DO NOT WRITE IN	THIS SPACE		
						3. Date Incorporated or Qualifed 09/18/1998			
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	Ap	plied For	
21	<u> </u>	26	26			65-0864514		t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	I	
22		27	<del></del>				. Fee Re		
City & Stat	te ,	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Co	ountry		8. This corporation owes the current year	r Intangible		
24	25	29				Personal Property Tax.			
	9. Name and Address of Currer	nt Registered Agent	<u>-</u>			10. Name and Address of New Registe	red Agent		
	•	<u></u>		81	Name	<del></del>		1	
LAB	RADOR, FEDERICO			82	Ctonot Addres	as (C.O. Boy Number is Not Assentable)			
8420	D W. FLAGLER STREET, STE. 21	14		02	Street Addre	ss (P.O. Box Number is Not Acceptable)		1	
MIAN	MI FL 33144			83	-				
				84	City		FL 85 Zip (	Jode	
office or o	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change wa	as authorize	ed by ti	-named corpo he corporation	ration submits this statement for the purpos n's board of directors. I hereby accept the a	e of changing its ppointment as re	registered gistered	
SIGNATURE							•		
								/	
	Signature, typed or printed name of registered age		<u>-</u>		signature required			DC IN 42	
12.	OFFICERS AN	ND DIRECTORS	13		signature required	when reinstating) DATI ADDITIONS/CHANGES TO OFFICER:	S AND DIRECTO		
	OFFICERS AN		13	TITLE	signature required	tinen ibiliare by		RS IN 12	
12.	OFFICERS AN DPT CASTILLO, FAUSTO P	ND DIRECTORS	13	TITLE NAME		tinen ibiliare by	S AND DIRECTO		
12.	OFFICERS AN DPT CASTILLO, FAUSTO P 8420 W. FLAGLER STREET, S	ND DIRECTORS	13 1.1 1.21 1.33	TITLE NAME STREET	ADDRESS	tinen ibiliare by	S AND DIRECTO		
12. TITLE	OFFICERS AN DPT CASTILLO, FAUSTO P 8420 W. FLAGLER STREET, S MIAMI FL 33144	D DIRECTORS DELETE	13 1.1 1.2 1.3 1.4	TITLE NAME STREET	ADDRESS	tinen ibiliare by	S AND DIRECTO	Addition	
12.  TITLE  NAME  STREET ADDRESS	OFFICERS AN DPT CASTILLO, FAUSTO P 8420 W. FLAGLER STREET, S MIAMI FL 33144 DVS	ND DIRECTORS	13 121 133 140 21	TITLE NAME STREET A CITY-ST-	ADDRESS	tinen ibiliare by	S AND DIRECTO		
12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	OFFICERS AN DPT CASTILLO, FAUSTO P 8420 W. FLAGLER STREET, S MIAMI FL 33144 DVS LABRADOR, FEDERICO	TE. 214	13 121 133 140 21	TITLE NAME STREET	ADDRESS	tinen ibiliare by	S AND DIRECTO	Addition	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AN DPT CASTILLO, FAUSTO P 8420 W. FLAGLER STREET, S MIAMI FL 33144 DVS LABRADOR, FEDERICO 8420 W. FLAGLER STREET, S	TE. 214	13 1.1 1.2 1.3 1.4 2.1 2.2	NAME STREET / CITY-ST- TITLE	ADDRESS	tinen ibiliare by	S AND DIRECTO	Addition	
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14. 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 annual report or supplemental annual 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 truetee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.