

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Jan 12, 2005 8:00 am**  
**Secretary of State**

01-12-2005 90012 028 \*\*\*150.00

40000609



01062005 Chg-P CR2E034 (10/03)

DOCUMENT # S31527			
1. Entity Name JOSE CASTANEDA, M.D., P.A.			
Principal Place of Business 250 SE 23RD AVE. BOYNTON BEACH, FL 33435		Mailing Address 2800 S. SEACREST BLVD 106-B BOYNTON BEACH, FL 33435	
2. Principal Place of Business		3. Mailing Address 250 S.E. 23rd AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc. A	
City & State		City & State Boynton Beach Fl.	
Zip	Country	Zip	Country
		33435	USA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CASTANEDA, JOSE M.D. 250 SE 23RD AVE. BOYNTON BEACH, FL 33435		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTANEDA, JOSE	NAME	
STREET ADDRESS	2800 S. SEACREST BLVD	STREET ADDRESS	250 S.E. 23rd AVE
CITY-ST-ZIP	BOYNTON BEACH, FL 33435	CITY-ST-ZIP	SUITE A, BOYNTON BEACH FL 33435
TITLE	S <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTANEDA, CAROL	NAME	
STREET ADDRESS	2800 S. SEACREST BLVD	STREET ADDRESS	250 S.E. 23rd AVE
CITY-ST-ZIP	BOYNTON BEACH, FL 33435	CITY-ST-ZIP	SUITE A, BOYNTON BEACH FL 33435
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. 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 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: _____		11/6/05 561-737-2085	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	