


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 10, 2003 8:00 am**  
**Secretary of State**

01-10-2003 90038 026 \*\*\*150.00

**DOCUMENT # S31527**

1. Entity Name  
**JOSE CASTANEDA, M.D., P.A.**



Principal Place of Business  
**2800 S. SEACREST BLVD  
106-B  
BOYNTON BEACH FL 33435**

Mailing Address  
**2800 S. SEACREST BLVD  
106-B  
BOYNTON BEACH FL 33435**

70004301



2. Principal Place of Business  
**250 SE 23rd Ave.**

3. Mailing Address  
Suite, Apt. #, etc.  
**Boynton Beach**

City & State  
**FLORIDA**

City & State

Zip  
**33435**

Country  
**WPB.**

4. FEI Number **65-0245816**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CASTANEDA, JOSE M.D.  
2800 S. SEACREST BLVD  
106-B  
BOYNTON BEACH FL 33435**

7. Name and Address of New Registered Agent

Name **JOSE F. CASTANEDA M.D.**

Street Address (P.O. Box Number is Not Acceptable)  
**250 SE 23rd Ave**

**Boynton Beach FL**

City **FL** Zip Code **33435**

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 *Jose Castaneda* (NOTE: Registered Agent signature required when reinstating)

DATE 1/8/03

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>CASTANEDA, JOSE</b>	
STREET ADDRESS	<b>2800 S. SEACREST BLVD</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33435</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>CASTANEDA, CAROL</b>	
STREET ADDRESS	<b>2800 S. SEACREST BLVD</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33435</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Jose Castaneda* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 1/8/03 (561) 737-2088

Date Daytime Phone #

CR2E034 (10/02)