

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000007614

**Entity Name:** RENES CASTOR M.D. P.A.

**Current Principal Place of Business:**

1525 STONEHAVEN ESTATES DR  
W PALM BCH, FL 33411

**Current Mailing Address:**

1525 STONEHAVEN ESTATES DR  
W PALM BCH, FL 33411

**FEI Number: 80-0032681**

**Certificate of Status Desired: Yes**

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

CASTOR, RENES  
1525 STONEHAVEN ESTATES DR  
W PALM BCH, FL 33411 US

*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

**Officer/Director Detail :**

Title            DPTS  
Name            CASTOR, RENES  
Address        1525 STONEHAVEN ESTATES DR  
City-State-Zip: W PALM BCH FL 33411

*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: RENES CASTOR**

**PRESIDENT**

**04/29/2023**

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date