

2015 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: No

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

DPTS

04/14/2015

Electronic Signature of Signing Officer/Director Detail

Date