

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000034253

Entity Name: AIDA E. CASTRO, M.D., P.A.

Current Principal Place of Business:

4600 N. HABANA AVE
SUITE 31
TAMPA, FL 33614

Current Mailing Address:

PO BOX 261423
TAMPA, FL 33685-1423

FEI Number: 03-0406874

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CASTRO, AIDA E M.D
10225 LOCKWOOD PINES LANES
TAMPA, FL 33635 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: AIDA E CASTRO

01/08/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name CASTRO, AIDA E DR.
Address PO BOX 261423
City-State-Zip: TAMPA FL 33685-1423

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: AIDA E CASTRO

OWNER

01/08/2015

Electronic Signature of Signing Officer/Director Detail

Date