

**2013 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 EM.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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name CASTRO, AIDA EM.D.  
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

01/23/2013

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

\_\_\_\_\_  
Date