

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000125636

**FILED**  
**Mar 26, 2012**  
**Secretary of State**

**Entity Name:** MABEL CASTILLO, L.C.S.W., P.A.

**Current Principal Place of Business:**

110 MEDICAL CENTER AVENUE  
SEBRING, FL 33870

**New Principal Place of Business:**

**Current Mailing Address:**

4101 LEAF ROAD  
SEBRING, FL 33875

**New Mailing Address:**

**FEI Number:** 20-3437558

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROBERT E. LIVINGSTON, P.A.  
445 SOUTH COMMERCE AVENUE  
SEBRING, FL 33870 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: CASTILLO, MABEL  
Address: 4101 LEAF ROAD  
City-St-Zip: SEBRING, FL 33875

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: MABEL CASTILLO

PSTD

03/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date