

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F43360

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**Entity Name:** NELSON P. CASTELLANO, D.D.S., ORAL AND MAXILLO-FACIAL SURGERY, P.A.

**Current Principal Place of Business:**

3302 AZEELE  
TAMPA, FL 33609

**New Principal Place of Business:**

**Current Mailing Address:**

3302 AZEELE  
TAMPA, FL 33609

**New Mailing Address:**

**FEI Number:** 59-2132875

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BARBER, STEVEN K  
100 S. ASHLEY DR.  
SUITE 1500  
TAMPA, FL 33602 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: DTP  
Name: CASTELLANO D.D S., NELSON P.  
Address: 3302 AZEELE ST  
City-St-Zip: TAMPA, FL 33609

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: NELSON P. CASTELLANO, DDS

DTP

01/04/2012

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

\_\_\_\_\_  
Date