

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F83692

**Entity Name:** SAL L. DELELLIS, D.P.M., P.A.

**Current Principal Place of Business:**

1264 SOUTH PINELLAS AVENUE  
TARPON SPRINGS, FL 34689

**Current Mailing Address:**

1264 SOUTH PINELLAS AVENUE  
TARPON SPRINGS, FL 34689 UN

**FEI Number:** 59-2205080

**Certificate of Status Desired:** No

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

DELELLIS, SALVATORE LDPM  
1264 S PINEALLAS AVE  
TARPON SPRINGS, FL 34689 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            PRES  
Name            DELELLIS, SALVATORE LDPM  
Address        1264 S PINEALLAS AVE  
City-State-Zip: TARPON SPRINGS FL 34689

*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:** SALVATORE DELELLIS

**PRES.**

**03/14/2013**

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

\_\_\_\_\_  
Date