

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G48162

**FILED**  
**Jan 15, 2013**  
**Secretary of State**  
**CC5921196859**

**Entity Name:** JOHN G. SALATINO, D.D.S., P.A.

**Current Principal Place of Business:**

160 SE 6TH. AVENUE B-1  
C/O DR.JOHN G. SALATINO  
DELRAY BEACH, FL 33483

**Current Mailing Address:**

160 SE 6TH. AVENUE B-1  
C/O DR.JOHN G. SALATINO  
DELRAY BEACH, FL 33483

**FEI Number:** 59-2330123

**Certificate of Status Desired:** No

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

SALATINO, JOHN G.  
160 S.E 6TH. AVE.  
B-1  
DELRAY BEACH, FL 33483 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	PVD	Title	ST
Name	DR. JOHN G. SALATINO	Name	DR. JOHN G. SALATINO
Address	4452 ST. ANDREWS DR.	Address	4452 ST. ANDREWS DR.
City-State-Zip:	BOYNTON BEACH FL	City-State-Zip:	BOYNTON BCH FL

*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:** JOH G. SALATINO

**PRESIDENT**

**01/15/2013**

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

\_\_\_\_\_  
Date