


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2004 08:00 AM
Secretary of State

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| DOCUMENT # 515676 1. Entity Name N.D. CASTELLANO, M.D., D.D.S., PROFESSIONAL ASSOCIATION |  |
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|---|---|
| Principal Place of Business 306 S MACDILL AVE TAMPA, FL 33609 | Mailing Address 306 S MACDILL AVE TAMPA, FL 33609 |
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DO NOT WRITE IN THIS SPACE



03232004 No Chg-P CR2E034 (10/03)

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|---|--|
| 4. FEI Number 59-1691375 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

CASTELLANO, NELSON D.
306 SOUTH MACDILL AVENUE
TAMPA, FL 33609

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature typed or printed name of registered agent and title if applicable

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|---|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | 000000150629 05/05/04-80084-010 150.00 |
|---|---|---|

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P CASTELLANO, N.D. DR. 306 S. MACDILL AVE TAMPA, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S CASTELLANO, VIVIAN MRS. 306 S. MACDILL AVE TAMPA, FL |
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **4-30-04** **813-879-6207**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone