

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000068094

**FILED**  
**Mar 18, 2010**  
**Secretary of State**

**Entity Name:** DOUGLAS M. CASTELLANO, M.D., LLC

**Current Principal Place of Business:**

226-5 SOLANA RD  
#155  
PONTE VEDRA BEACH, FL 32082

**New Principal Place of Business:**

317 PABLO ROAD  
PONTE VEDRA BEACH, FL 32082

**Current Mailing Address:**

226-5 SOLANA RD  
#155  
PONTE VEDRA BEACH, FL 32082

**New Mailing Address:**

317 PABLO ROAD  
PONTE VEDRA BEACH, FL 32082

**FEI Number:** 20-8592505

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BRADEN, LISA  
4623 FOREST HILL BLVD., SUITE 111  
WEST PALM BEACH, FL 33415 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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: CASTELLANO, DOUGLAS M M.D.  
Address: 317 PABLO ROAD  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DOUGLAS CASTELLANO

PRES

03/18/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date