

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000083289

Entity Name: KATHY SANTORIELLO, M.D., P.A.

FILED
Jan 08, 2009
Secretary of State

Current Principal Place of Business:

900 E OCEAN BLVD STE 246 E
STUART, FL 34994

New Principal Place of Business:

900 E OCEAN BLVD STE 246 E
STE 246E
STUART, FL 34994

Current Mailing Address:

6860 SE HARBOR CIR
STUART, FL 34996

New Mailing Address:

FEI Number: 20-1128258

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANTORIELLO, KATHY
6860 SE HARBOR CIR
STUART, FL 34996 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SANTORIELLO, KATHY
Address: 6860 SE HARBOR CIRCLE
City-St-Zip: STUART, FL 34996

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: SANTORIELLO, KATHY
Address: 6860 SE HARBOR CIRCLE
City-St-Zip: STUART, FL 34996

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JACQUELINE CRIGHTON

MS.

01/08/2009

Electronic Signature of Signing Officer or Director

Date