

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000008896

Entity Name: CELESTINO SANTI, D.O., P.A.

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2020 NIGHTINGALE LANE  
TAVARES, FL 32778

**New Principal Place of Business:**

**Current Mailing Address:**

2020 NIGHTINGALE LANE  
TAVARES, FL 32778

**New Mailing Address:**

FEI Number: 59-3086171

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SANTI, CELESTINO D  
2020 NIGHTINGALE LANE  
TAVARES, FL 32778 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

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: SANTI, CELESTINO D  
Address: 2020 NIGHTINGALE LANE  
City-St-Zip: TAVARES, FL 32778

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: CELESTINO SANTI, DO, PA

PRES

01/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date