

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45294

Entity Name: CASTELLO PROFESSIONAL CENTER, INC.**Current Principal Place of Business:**C/O SEACREST SOUTHWEST
1044 CASTELLO DRIVE STE 206
NAPLES, FL 34103**Current Mailing Address:**C/O SEACREST SOUTHWEST
1044 CASTELLO DRIVE STE 206
NAPLES, FL 34103 US**FEI Number:** 65-0296910**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SEACREST SOUTHWEST
1044 CASTELLO DRIVE
SUITE 206
NAPLES, FL 34103 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:** BRYAN FOWLER

04/23/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name KLEIN, BURKHARD
Address C/O SEACREST SOUTHWEST
1044 CASTELLO DRIVE STE 206
City-State-Zip: NAPLES FL 34103

Title SECRETARY
Name GARDY, JUNEE
Address C/O SEACREST SOUTHWEST
1044 CASTELLO DRIVE STE 206
City-State-Zip: NAPLES FL 34103

Title PRESIDENT
Name PIOTROWSKI, BRADLEY
Address C/O SEACREST SOUTHWEST
1044 CASTELLO DRIVE STE 206
City-State-Zip: NAPLES FL 34103

Title TREASURER
Name WILLIAMS, STEVE
Address C/O SEACREST SOUTHWEST
1044 CASTELLO DRIVE STE 206
City-State-Zip: NAPLES FL 34103

Title DIRECTOR
Name STAHNKE , RONALD
Address C/O SEACREST SOUTHWEST
1044 CASTELLO DR STE 206
City-State-Zip: NAPLES FL 34103

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BRADLEY PIOTROWSKI

PRESIDENT

04/23/2024

Electronic Signature of Signing Officer/Director Detail

Date