

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 538505

**Entity Name:** JAIME F. CASELLAS, M.D., P.A.

**Current Principal Place of Business:**

4600 N. HABANA AVENUE  
#13  
TAMPA, FL 33614

**FILED**  
**Jan 08, 2015**  
**Secretary of State**  
**CC6345344755**

**Current Mailing Address:**

4600 N. HABANA AVENUE  
#13  
TAMPA, FL 33614

**FEI Number: 59-1746515**

**Certificate of Status Desired: No**

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

CASELLAS, JAIME F  
4600 N. HABANA AVE  
TAMPA, FL 33614 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	PD	Title	SD
Name	CASELLAS, JAIME F	Name	ALONSO, WILLIAM A
Address	4600 N. HABANA AVE.	Address	4700 N. HABANA AVE.
City-State-Zip:	TAMPA FL	City-State-Zip:	TAMPA FL

*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: JAIME F CASELLAS MD**

**PRESIDENT**

**01/08/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date