

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L54601

**Entity Name:** CARLOS A. COELLO, D.M.D., P.A.

**Current Principal Place of Business:**

1700 SOUTH DIXIE HWY  
SUITE 103  
BOCA RATON, FL 33432

**Current Mailing Address:**

1700 SOUTH DIXIE HWY  
SUITE 103  
BOCA RATON, FL 33432

**FEI Number:** 65-0176029

**Certificate of Status Desired:** No

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

COELLO, CARLOS A.  
1700 SOUTH DIXIE HWY  
SUITE 103  
BOCA RATON, FL 33432 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 P  
Name COELLO, CARLOS JR DMD  
Address 1700 S. DIXIE HWY SUITE 103  
City-State-Zip: BOCA RATON FL 33432

Title VPS  
Name COELLO, KAREN DMD  
Address 1700 S. DIXIE HWY SUITE 103  
City-State-Zip: BOCA RATON FL 33432

Title T  
Name COELLO, CARLOS JR DMD  
Address 1700 S. DIXIE HWY SUITE 103  
City-State-Zip: BOCA RATON FL 33432

*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:** COELLO , CARLOS JR DMD

**PRES**

**04/15/2013**

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

\_\_\_\_\_  
Date