

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L91719

**Entity Name:** RALPH A. CIASULLO, D.M.D., P.A.

**Current Principal Place of Business:**

6220 MANATEE AVENUE WEST  
SUITE #304  
BRADENTON, FL 34209

**Current Mailing Address:**

6220 MANATEE AVENUE WEST  
SUITE #304  
BRADENTON, FL 34209 US

**FEI Number:** 65-0211479

**Certificate of Status Desired:** No

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

CIASULLO, RALPH APRES  
1415 86TH CT. N.W.  
BRADENTON, FL 34209 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            PRES  
Name            CIASULLO, RALPH ADMD  
Address        1415 86TH CT. N.W.  
City-State-Zip: BRADENTON FL 34209

*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:** RALPH A. CIASULLO DMD

**PRESIDENT**

**04/15/2014**

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

\_\_\_\_\_ Date