

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S10111

**Entity Name:** BARTHOLOMEW F. NATOLI, M.D., P.A.**Current Principal Place of Business:**9009 PARK BLVD.  
SEMINOLE, FL 33777**Current Mailing Address:**6419 2ND PALM PT.  
ST. PETERSBURG BEACH, FL 33706-2119 US**FEI Number:** 59-3035854**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**NATOLI, BARTHOLOMEW F.  
6419 2ND PALM POINT  
ST.PETERSBURG BEACH, FL 33706 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	PRESIDENT
Name	NATOLI, BARTHOLOMEW FRED DR.
Address	6419 SECOND PALM POINT
City-State-Zip:	ST. PETE BEACH FL 33706

Title	VP
Name	NATOLI, LAUREN MARIE DR.
Address	12361 91ST WAY NORTH
City-State-Zip:	LARGO FL 33773

Title	CEO
Name	NATOLI, MARIE ANN
Address	6419 SECOND PALM POINT
City-State-Zip:	ST. PETE BEACH FL 33706

*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:** BARTHOLOMEW F. NATOLI

PRESIDENT

04/18/2021

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