

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000068094

Entity Name: DOUGLAS M. CASTELLANO, M.D., LLC

Current Principal Place of Business:

317 PABLO ROAD
PONTE VEDRA BEACH, FL 32082

Current Mailing Address:

317 PABLO ROAD
PONTE VEDRA BEACH, FL 32082

FEI Number: 20-8592505

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BRADEN, LISA
4623 FOREST HILL BLVD., SUITE 111
WEST PALM BEACH, FL 33415 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

Authorized Person(s) Detail :

Title MGRM
Name CASTELLANO, DOUGLAS MM.D.
Address 317 PABLO ROAD
City-State-Zip: PONTE VEDRA BEACH FL 32082

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DOUGLAS M CASTELLANO

MANAGER

03/30/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date