

**2013 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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DOUGLAS M CASTELLANO

**MANAGER**

**03/30/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date