

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F65101

FILED  
Jan 05, 2011  
Secretary of State

**Entity Name:** D. SCOTT GETTINGS, M.D., P.A.

**Current Principal Place of Business:**

991 THOMAS BARBOUR DR.  
MELBOURNE, FL 32935

**New Principal Place of Business:**

**Current Mailing Address:**

991 THOMAS BARBOUR DR.  
MELBOURNE, FL 32935

**New Mailing Address:**

**FEI Number:** 59-2151785

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NICHOLAS, JAMES M  
1790 HWY A 1 A  
SUITE 202  
SATELLITE BEACH, FL 32937 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PST  
Name: GETTINGS, D SCOTT  
Address: 991 THOMAS BARBOUR DR.  
City-St-Zip: MELBOURNE, FL 32935

Title: CD  
Name: GETTINGS, D SCOTT  
Address: 991 THOMAS BARBOUR DR.  
City-St-Zip: MELBOURNE, FL 32935

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: D. SCOTT GETTINGS, MD

PRES

01/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date