

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000115714

Entity Name: JOHN COTTAM, M.D., P.A.

FILED  
Mar 29, 2008  
Secretary of State

## Current Principal Place of Business:

13301 N. DALE MABRY, STE. E  
TAMPA, FL 33618

## New Principal Place of Business:

## Current Mailing Address:

13301 N. DALE MABRY, STE. E  
TAMPA, FL 33618

## New Mailing Address:

FEI Number: 59-3759257

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COTTAM, JOHN  
13301 N. DALE MABRY, STE. E  
TAMPA, FL 33618 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: COTTAM, JOHN  
Address: 13301 N DALE MABRY STE E  
City-St-Zip: TAMPA, FL 33618

Title: DR ( ) Delete  
Name: COTTAM, JOHN A  
Address: 4051 UPPER CREEK DR  
City-St-Zip: SUN CITY, FL 33573 US

Title: DR ( ) Delete  
Name: COTTAM, JOHN A  
Address: 500 VONDERBURG SUITE 212W  
City-St-Zip: BRANDON, FL 33511 US

Title: DR ( ) Delete  
Name: COTTAM, JOHN A  
Address: 3501 CORTEZ ROAD SUITE 1  
City-St-Zip: BRADENTON, FL 34210 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition  
Name: COTTAM, JOHN  
Address: 13301 N DALE MABRY STE E  
City-St-Zip: TAMPA, FL 33618

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOHN COTTAM, MD, PA

DR.

03/29/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date