

2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
May 06, 2009
Secretary of State**

DOCUMENT# P01000115714

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

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

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

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

05/06/2009

Electronic Signature of Signing Officer or Director

_____ Date