

2012 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000115714

FILED
Aug 09, 2012
Secretary of State

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

Current Principal Place of Business:

13301 N. DALE MABRY
SUITE E
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

13301 N. DALE MABRY
SUITE 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
SUITE 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: JOHN COTTAM M.D., P.A.

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: DR
Name: COTTAM, JOHN A
Address: 4051 UPPER CREEK DR SUITE 102
City-St-Zip: SUN CITY, FL 33573 US

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

Title: DR
Name: COTTAM, JOHN A
Address: 407 6TH AVE E
City-St-Zip: BRADENTON, FL 34208 US

Title: DR
Name: COTTAM, JOHN A
Address: 222 MAIN ST. WEST
City-St-Zip: BARTOW, FL 33830

Title: DR
Name: COTTAM, JOHN A
Address: 741 C.R. 466
City-St-Zip: LADY LAKE, FL 32159

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

Electronic Signature of Signing Officer or Director

DR

08/09/2012

Date