## **2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000115714

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

**Current Principal Place of Business:** 

14310 N. DALE MABRY SUITE 180 TAMPA, FL 33618 FILED
Jan 31, 2022
Secretary of State
9474324705CC

## **Current Mailing Address:**

14310 N. DALE MABRY SUITE 180 TAMPA FL 33618 US

FEI Number: 59-3759257 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

COTTAM, JOHN 14310 N. DALE MABRY SUITE 180 TAMPA, FL 33618 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: JOHN COTTAM MD PA 01/31/2022

Electronic Signature of Registered Agent Date

DR

Officer/Director Detail:

Title DR Title DR

Name COTTAM, JOHN Name COTTAM, JOHN A

Address 14310 N DALE MABRY, STE 180 Address 4051 UPPER CREEK DR

City-State-Zip: TAMPA FL 33618

City-State-Zip: SUN CITY FL 33573

Title DR Title
Name COTTAM, JOHN A

Name COTTAM, JOHN A
Address 500 VONDERBURG SUITE 212W

Address 5105 MANATEE AVE W

City-State-Zip: BRANDON FL 33511 12

City-State-Zip: BRADENTON FL 34209
Title DR

Name COTTAM, JOHN A Title DR

Address 222 MAIN ST. WEST Name COTTAM, JOHN A

City-State-Zip: BARTOW FL 33830 Address 741 C.R. 466

City-State-Zip: LADY LAKE FL 32159

Title DR. JOHN COTTAM

Name DR. JOHN COTTAM

City-State-Zip: FORT WALTON BEACH FL 32547

SUITE 100

1032 MAR WALT DR

Address

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: AMBER SWANSON OFFICE MANAGER 01/31/2022