

**2014 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

**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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DR  
Name COTTAM, JOHN  
Address 14310 N DALE MABRY, STE 180  
City-State-Zip: TAMPA FL 33618

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

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

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

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

Title DR  
Name COTTAM, JOHN A  
Address 741 C.R. 466  
City-State-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: DR. JOHN COTTAM**

**OWNER**

**01/13/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date