

2024 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: JOHN COTTAM MD PA

01/30/2024

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
106
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 5105 MANATEE AVE W
12
City-State-Zip: BRADENTON FL 34209

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

Title DR
Name COTTAM, JOHN A
Address 304 N MAIN ST
City-State-Zip: CHIEFLAND FL 32626

Title DR. JOHN COTTAM
Name DR. JOHN COTTAM
Address 1032 MAR WALT DR
SUITE 100
City-State-Zip: FORT WALTON BEACH FL 32547

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: CANDICE SYKES

OFFICE MANAGER

01/30/2024

Electronic Signature of Signing Officer/Director Detail

Date