

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000131340

**Entity Name:** JAMES W. COLE III, MD, INC.

**Current Principal Place of Business:**

10 S CASEREA CT.  
VERO BEACH, FL 32963

**Current Mailing Address:**

10 S CASEREA CT.  
VERO BEACH, FL 32963 US

**FEI Number:** 26-1921020

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

COLE, III, JAMES W  
10 S CASEREA CT.  
VERO BEACH, FL 32963 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:** JAMES W COLE, III

02/03/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRES  
Name COLE, III, JAMES W  
Address 10 S CASEREA CT.  
City-State-Zip: VERO BEACH FL 32963

Title TRES  
Name COLE, III, JAMES W  
Address 10 S CASEREA CT.  
City-State-Zip: VERO BEACH FL 32963

Title SECT  
Name COLE, III, JAMES W  
Address 10 S CASEREA CT.  
City-State-Zip: VERO BEACH FL 32963

Title DIR  
Name COLE, III, JAMES W  
Address 10 S CASEREA CT.  
City-State-Zip: VERO BEACH FL 32963

Title VP  
Name COLE, MARY JANE  
Address 10 S CASEREA CT.  
City-State-Zip: VERO BEACH FL 32963

*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:** JAMES W COLE, III

PRESIDENT

02/03/2021

Electronic Signature of Signing Officer/Director Detail

Date