

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 685123

**FILED**  
**Jun 13, 2011**  
**Secretary of State**

**Entity Name:** JAMES THOMAS NICHOLS, JR. M.D., P.A.

**Current Principal Place of Business:**

1315 GARDEN ST  
TITUSVILLE, FL 32796

**New Principal Place of Business:**

**Current Mailing Address:**

1315 GARDEN ST  
TITUSVILLE, FL 32796

**New Mailing Address:**

**FEI Number:** 59-2017872

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NICHOLS, JAMES THOMAS, JR  
1315 GARDEN STREET  
TITUSVILLE, FL 32796 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:

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: NICHOLS, JAMES THOMAS, JR  
Address: RT 1, BOX 399  
City-St-Zip: TITUSVILLE, FL

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 T NICHOLS

DR

06/13/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date