

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 697543

**FILED**  
**Apr 02, 2012**  
**Secretary of State**

**Entity Name:** HENRY EARL COTMAN, M.D., P.A.

**Current Principal Place of Business:**

% HENRY EARL COTMAN, MD  
701 SIXTH STREET, SOUTH  
ST. PETERSBURG, FL 33701

**New Principal Place of Business:**

**Current Mailing Address:**

% HENRY EARL COTMAN  
P.O. BOX 383  
ST. PETERSBURG, FL 33731

**New Mailing Address:**

**FEI Number:** 59-2231805

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COTMAN, HENRY EARL  
701 SIXTH STREET, SOUTH  
ST. PETERSBURG, FL 33701 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: COTMAN, HENRY EARL  
Address: 205 ARANDA STREET N.E.  
City-St-Zip: ST PETERSBURG, FL 33704

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: HENRY EARL COTMAN, M. D.

PD

04/02/2012

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

\_\_\_\_\_  
Date