

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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**May 05 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K54504** (1)
1. Corporation Name
ANTHONY DECOTIS, M.D., P.A.



Principal Place of Business: **1201 EGLIN PARKWAY STE C SHALIMAR FL 32578**
Mailing Address: **1201 EGLIN PARKWAY STE C SHALIMAR FL 32578-1206**

3. Date Incorporated or Qualified: **12/29/1988**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business: **131 BEAL PARKWAY NW**
2a. Mailing Address: **131 BEAL PARKWAY NW**

4. FEI Number: **59-2918630**
Applied For: Not Applicable

22. Suite, Apt #, etc. (Blank)
27. Suite, Apt #, etc. (Blank)

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

23. City & State: **FORT WALTON BEACH, FL**
28. City & State: **FORT WALTON BEACH, FL**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

24. Zip: **32548** Country: **OKALODSA**
29. Zip: **32548** Country: **OKALODSA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**DECOTIS, ANTHONY, M.D.
1201 EGLIN PARKWAY
SUITE C
SHALIMAR FL 32578**

10. Name and Address of New Registered Agent
81 Name: **ANTHONY DECOTIS, MD**
82 Street Address (P.O. Box Number is Not Acceptable): **131 BEAL PARKWAY NW**
83 (Blank)
84 City: **FORT WALTON BEACH** FL 85 Zip Code: **32548**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	ANTHONY DECOTIS MD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DECOTIS, ANTHONY MD	1.2 NAME	ANTHONY DECOTIS MD
STREET ADDRESS	1201 EGLIN PARKWAY C	1.3 STREET ADDRESS	131 BEAL PARKWAY NW
CITY- ST- ZIP	SHALIMAR FL	1.4 CITY- ST- ZIP	FORT WALTON BEACH FL 32548
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY- ST- ZIP		2.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Anthony Decotis **Anthony Decotis** 4/27/97 904-243-8377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)