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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 32579

Mailing Address
1201 EGLIN PARKWAY STE C
SHALIMAR FL 32579-1206



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/29/1988		3a. Date of Last Report 05/01/1996	
21 131 BEAL PARKWAY NW		26 131 BEAL PARKWAY NW		4. FEI Number 59-2918630		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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 <input type="checkbox"/> \$5.00 May Be Added to Fees			
24 Zip 32548		25 Country OKALOOSA		29 Zip 32548		30 Country OKALOOSA	
9. Name and Address of Current Registered Agent DECOTIS, ANTHONY, M.D. 1201 EGLIN PARKWAY SUITE C SHALIMAR FL 32579				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				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

Signature of registered agent (print name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	ANTHONY DECOTIS MD
NAME	DECOTIS, ANTHONY MD	1.2 NAME	131 BEAL PARKWAY NW
STREET ADDRESS	1201 EGLIN PARKWAY C	1.3 STREET ADDRESS	FORT WALTON BEACH FL 32548
CITY - ST - ZIP	SHALIMAR FL	1.4 CITY - ST - ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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:

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (9/96)