


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 23, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # K54504 1. Entity Name ANTHONY DECOTIS, M.D., P.A.	
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Principal Place of Business 131 BEAL PKWY NW FT WALTON BCH, FL 32548 US	Mailing Address 131 BEAL PKWY NW FORT WALTON BCH, FL 32548 US
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03172005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2918630	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DECOTIS, ANTHONY MD  
 131 BEAL PARKWAY NW  
 FT WALTON BCH, FL 32548

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8. 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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DECOTIS, ANTHONY MD 131 NW BEAL PKWY FT ALTON BCH, FL 32548
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12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Anthony Decotis Date: 3/20/05 Daytime Phone #: 850-243-8558

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anthony Decotis