

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K54504

FILED
Mar 25, 2009
Secretary of State

Entity Name: ANTHONY DECOTIS, M.D., P.A.

Current Principal Place of Business:

131 BEAL PKWY NW
FT WALTON BCH, FL 32548 US

New Principal Place of Business:

Current Mailing Address:

131 BEAL PKWY NW
FORT WALTON BCH, FL 32548 US

New Mailing Address:

131 BEAL PKWY NW
FT WALTON BCH, FL 32548 US

FEI Number: 59-2918630 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DECOTIS, ANTHONY MD,
Address: 131 NW BEAL PKWY
City-St-Zip: FT ALTON BCH, FL 32548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DECOTIS, ANTHONY MD,
Address: 131 NW BEAL PKWY
City-St-Zip: FT WALTON BEACH, FL 32548

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ANTHONY DECOTIS

D

03/25/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date