

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K54504

FILED  
Apr 29, 2011  
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  
FT WALTON BCH, FL 32548 US

**New Mailing Address:**

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

**OFFICERS AND DIRECTORS:**

Title: DR.  
Name: DECOTIS, ANTHONY MD  
Address: 131 NW BEAL PKWY  
City-St-Zip: FT WALTON BEACH, FL 32548 US

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: ANTHONY DECOTIS M.D.

DR

04/29/2011

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

\_\_\_\_\_ Date