

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M97554

FILED  
Feb 11, 2012  
Secretary of State

**Entity Name:** THOMAS L. ZOELLER, M.D., P.A.

**Current Principal Place of Business:**

2760 SE 17TH ST.  
SUITE 102  
OCALA, FL 34471 US

**New Principal Place of Business:**

**Current Mailing Address:**

2760 S.E. 17TH ST.  
SUITE 102  
OCALA, FL 34471 US

**New Mailing Address:**

2760 SE 17TH ST.  
SUITE 102  
OCALA, FL 34471 US

FEI Number: 59-2914950

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FUTCH, R. WILLIAM, ESQUIRE  
610 S.E. 17TH STREET  
OCALA, FL 34471 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: ZOELLER, THOMAS L  
Address: 2760 SE 17 ST., STE. 102  
City-St-Zip: Ocala, FL 34471 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: JOAN L. ZOELLER

VP

02/11/2012

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

\_\_\_\_\_ Date