

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000032947

FILED  
Jan 10, 2011  
Secretary of State

Entity Name: JAMES J. MACOOL, M.D., P.A.

## Current Principal Place of Business:

1022 W. ST RD 436,  
#1006  
ALTAMONTE SPRINGS, FL 32714

## New Principal Place of Business:

1022 W. STATE ROAD436,  
#1006  
ALTAMONTE SPRINGS, FL 32714

## Current Mailing Address:

1022 W. ST RD 436,  
#1006  
ALTAMONTE SPRINGS, FL 32714

## New Mailing Address:

1022 W. STATE ROAD436,  
#1006  
ALTAMONTE SPRINGS, FL 32714

FEI Number: 59-3642489

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MACOOL, JAMES J MD  
1022 W. ST RD 436, STE. 1006  
ALTAMONTE SPRINGS, FL 32714 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: M.D.  
Name: MACOOL, JAMES J MD  
Address: 1022 W. ST RD 436, STE. 1006  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: JAMES J. MACOOL

OWNE

01/10/2011

Electronic Signature of Signing Officer or Director

Date