

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000008997

**FILED**  
**Mar 14, 2011**  
**Secretary of State**

**Entity Name:** CATHERINE COZAD, M.D., P.A.

**Current Principal Place of Business:**

8787 BRYAN DAIRY RD  
SUITE 250  
LARGO, FL 33777 US

**New Principal Place of Business:**

**Current Mailing Address:**

8787 BRYAN DAIRY RD  
SUITE 250  
LARGO, FL 33777 US

**New Mailing Address:**

**FEI Number:** 59-3692274

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GASSMAN, ALAN S ESQ  
1245 COURT STREET SUITE 102  
CLEARWATER, FL 33756 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: DP  
Name: COZAD, CATHERINE MD  
Address: 8787 BRYAN DAIRY RD #250  
City-St-Zip: LARGO, FL 33777 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: CATHERINE COZAD, M.D.

DP

03/14/2011

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

\_\_\_\_\_  
Date