

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000019185

**Entity Name:** JAMES D. SHORTT, M.D., P.A.

**FILED**  
**Jan 20, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

5741 BEE RIDGE RD STE 590  
SARASOTA, FL 34233

**New Principal Place of Business:**

**Current Mailing Address:**  
PO BOX 25036  
SARASOTA, FL 34233

**New Mailing Address:**

FEI Number: 65-1083743      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SHORTT, JAMES D DR.  
5741 BEE RIDGE RD. STE 590  
SARASOTA, FL 34233 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: SHORTT, JAMES D M.D.  
Address: 3576 SAN REMO TERRACE  
City-St-Zip: SARASOTA, FL 34239

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 D SHORTT

DR

01/20/2012

Electronic Signature of Signing Officer or Director

Date