

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000011075

Entity Name: WILLIAM TINGLE MD PA

**FILED**  
**Apr 13, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1 S SCHOOL AVE, SUITE 200  
SARASOTA, FL 34237

**New Principal Place of Business:**

**Current Mailing Address:**

1 S SCHOOL AVE, SUITE 200  
SARASOTA, FL 34237

**New Mailing Address:**

FEI Number: 26-3972843

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TINGLE, WILLIAM MD  
1 S SCHOOL AVE, SUITE 200  
SARASOTA, FL 34237 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: D  
Name: TINGLE, WILLIAM MD  
Address: 1 S SCHOOL AVE, SUITE 200  
City-St-Zip: SARASOTA, FL 34237

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: WILLIAM J. TINGLE

MD

04/13/2012

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

\_\_\_\_\_  
Date