

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P92000008103

**Entity Name:** TAMARA LYNNE NICOLA, P.A.

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

681 GOODLETTE ROAD NORTH  
SUITE 210  
NAPLES, FL 34102 US

**New Principal Place of Business:**

**Current Mailing Address:**

681 GOODLETTE ROAD NORTH  
SUITE 210  
NAPLES, FL 34102 US

**New Mailing Address:**

FEI Number: 65-0421741      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

NICOLA, TAMARA LYNNE  
681 GOODLETTE ROAD NORTH  
SUITE 210  
NAPLES, FL 34102 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: NICOLA, TAMARA LYNNE  
Address: 681 GOODLETTE ROAD NORTH, #210  
City-St-Zip: NAPLES, FL 34102

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: TAMARA LYNNE NICOLA

Electronic Signature of Signing Officer or Director

OFF

01/06/2011

Date