

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000000220

**FILED**  
**Feb 09, 2012**  
**Secretary of State**

**Entity Name:** THOMAS G. STAVOY, M.D., P.A.

**Current Principal Place of Business:**

1890 LPGA BLVD, STE 160  
DAYTONA BEACH, FL 32117

**New Principal Place of Business:**

**Current Mailing Address:**

1890 LPGA BLVD, STE 160  
DAYTONA BEACH, FL 32117

**New Mailing Address:**

**FEI Number:** 59-3490543

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PYLE, MICHAEL  
1655 NORTH CLYDE MORRIS  
SUITE 1  
DAYTONA BEACH, FL 32117 US

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

PYLE, MICHAEL  
1655 NORTH CLYDE MORRIS  
SUITE 1  
DAYTONA BEACH, FL 32117 US

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: MICHAEL PYLE

02/09/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: STAVOY, THOMAS G  
Address: 1890 PLGA BLVD, STE 160  
City-St-Zip: DAYTONA BEACH, FL 32117

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: THOMAS G STAVOY

PSTD

02/09/2012

Electronic Signature of Signing Officer or Director

Date