

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000092939

**FILED**  
**Feb 07, 2012**  
**Secretary of State**

**Entity Name:** BRIAN OHLIS, P.A.

**Current Principal Place of Business:**

12836 BRYNWOOD WAY  
NAPLES, FL 34105

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2373  
NAPLES, FL 34106

**New Mailing Address:**

12836 BRYNWOOD WAY  
NAPLES, FL 34105

**FEI Number:** 59-3604296

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COTRELL, BEN  
809 WALKERBILT ROAD  
SUITE 6  
NAPLES, FL 34110 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: DPS  
Name: OHLIS, BRIAN  
Address: 12836 BRYNWOOD WAY  
City-St-Zip: NAPLES, FL 34105

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: OHLIS BRIAN

DPS

02/07/2012

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

\_\_\_\_\_  
Date