

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V51400

FILED  
Apr 27, 2012  
Secretary of State

**Entity Name:** THOMAS J. SULTENFUSS, M.D., P.A.

**Current Principal Place of Business:**

1022 MAIN STREET  
SUITE R  
DUNEDIN, FL 34698

**New Principal Place of Business:**

**Current Mailing Address:**

1022 MAIN STREET  
SUITE R  
DUNEDIN, FL 34698

**New Mailing Address:**

**FEI Number:** 59-3134975

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

THOMAS SULTENFUSS PA  
1022 MAIN STREET  
SUITE R  
DUNEDIN, FL 34698 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: PRES  
Name: SULTENFUSS, THOMAS J  
Address: 1022 MAIN STREET SUITE R  
City-St-Zip: DUNEDIN, FL 34698

Title: V PR  
Name: SULTENFUSS, SHERRY W  
Address: 1022 MAIN STREET SUITE R  
City-St-Zip: DUNEDIN, FL 34698

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 J SULTENFUSS

PRES

04/27/2012

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

\_\_\_\_\_  
Date