

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 479677

**Entity Name:** GUILLERMO W. COSMA, M.D., P.A.

**Current Principal Place of Business:**

1305 S FT HARRISON AVE  
BLDG F  
CLEARWATER, FL 33756

**Current Mailing Address:**

1305 S FT HARRISON AVE  
BLDG F  
CLEARWATER, FL 33756 US

**FEI Number:** 59-1604447

**Certificate of Status Desired:** No

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

JOHNSON, TIMOTHY A JR  
911 CHESTNUT  
CLEARWATER, FL 33516 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	M	Title	PTS
Name	COSMA, EDELMIRA L	Name	COSMA, GUILLERMO W
Address	803 S. DRUID RD.	Address	1305 S FT HARRISON AVE
City-State-Zip:	CLEARWATER FL	City-State-Zip:	CLEARWATER FL

*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:** GUILLERMO W. COSMA

PTS

04/22/2015

Electronic Signature of Signing Officer/Director Detail

Date