2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 604932

Entity Name: PAUTLER, COHEN, FINDLAY, EICHENBAUM, WHITE & CRANE MD'S PA

Current Principal Place of Business:

2705 WEST SAINT ISABEL ST
TAMPA, FL 33607

Current Mailing Address:

4344 CENTRAL AVE
ST PETERSBURG, FL 33711 US

FEI Number: 59-1501675

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WHITE, ALFRED A PRESIDENT
4344 CENTRAL AVE
ST PETERSBURG, FL 33711 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: ALFRED A WHITE MD   02/07/2025

Electronic Signature of Registered Agent   Date

Officer/Director Detail :

Title	VP	Title	VP
Name	PAUTLER, SCOTT E	Name	COHEN, STEVEN M
Address	4344 CENTRAL AVE	Address	4344 CENTRAL AVE
City-State-Zip:	ST PETERSBURG FL 33711	City-State-Zip:	ST PETERSBURG FL 33711
Title	VP	Title	VP
Name	FINDLAY, KARINA B	Name	EICHENBAUM, DAVID A
Address	4344 CENTRAL AVE	Address	4344 CENTRAL AVENUE
City-State-Zip:	ST PETERSBURG FL 33711	City-State-Zip:	ST PETERSBURG FL 33711
Title	PRESIDENT	Title	SECRETARY
Name	WHITE, ALFRED A MD	Name	CRANE, ASHLEY M DR.
Address	2705 W SAINT ISABEL STREET	Address	4344 CENTRAL AVE
City-State-Zip:	TAMPA FL 33607	City-State-Zip:	ST PETERSBURG FL 33711
Title	ASST. SECRETARY		
Name	VAKHARIA, PRIYA SHARMA		
Address	4344 CENTRAL AVE		
City-State-Zip:	ST PETERSBURG FL 33711		

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: SCOTT PAUTLER   V PRESIDENT   02/07/2025

Electronic Signature of Signing Officer/Director Detail   Date