

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 604932

Entity Name: PAUTLER, COHEN, FINDLAY & EICHENBAUM, MD'S, P.A.**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:**PAUTLER, SCOTT E
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	VP
Name	PAUTLER, SCOTT E
Address	4344 CENTRAL AVE
City-State-Zip:	ST PETERSBURG FL 33711

Title	VP
Name	COHEN, STEVEN M
Address	4344 CENTRAL AVE
City-State-Zip:	ST PETERSBURG FL 33711

Title	P
Name	FINDLAY, KARINA B
Address	4344 CENTRAL AVE
City-State-Zip:	ST PETERSBURG FL 33711

Title	VP
Name	EICHENBAUM, DAVID A
Address	4344 CENTRAL AVENUE
City-State-Zip:	ST PETERSBURG FL 33711

Title	V
Name	WHITE, ALFRED A MD
Address	2705 W SAINT ISABEL STREET
City-State-Zip:	TAMPA FL 33607

Title	SECRETARY
Name	CRANE, ASHLEY M DR.
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 E PAUTLER MD**ADMINISTRATOR****01/15/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date