

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 697543

**Entity Name:** HENRY EARL COTMAN, M.D., P.A.

**Current Principal Place of Business:**

% HENRY EARL COTMAN, MD  
6449 38TH AVENUE NORTH SUITE C-3  
ST. PETERSBURG, FL 33710

**Current Mailing Address:**

% HENRY EARL COTMAN  
P.O. BOX 383  
ST. PETERSBURG, FL 33731

**FEI Number:** 59-2231805

**Certificate of Status Desired:** No

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

COTMAN, HENRY EARL  
% HENRY EARL COTMAN, MD  
6449 38TH AVENUE NORTH SUITE C-3  
ST. PETERSBURG, FL 33710 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 PD  
Name COTMAN, HENRY EARL  
Address 205 ARANDA STREET N.E.  
City-State-Zip: ST PETERSBURG FL 33704

*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:** HENRY EARL COTMAN, MD

**PRESIDENT**

**04/30/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date