

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H77731

**Entity Name:** JAMES W. ADKINS, M.D., P.A.

**Current Principal Place of Business:**

1621 CHESTNUT COURT  
PALM HARBOR, FL 34683

**Current Mailing Address:**

1621 CHESTNUT COURT  
PALM HARBOR, FL 34683 US

**FEI Number:** 59-2583724

**Certificate of Status Desired:** No

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

JOHNSON, BRIAN E., ESQ.  
7190 SEMINOLE BLVD.  
SEMINOLE, FL 33542 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 PST  
Name ADKINS, JAMES W.  
Address 1621 CHESTNUT COURT  
City-State-Zip: PALM HARBOR FL 34683

Title D  
Name ADKINS, JAMES W DR.  
Address 1621 CHESTNUT COURT  
City-State-Zip: PALM HARBOR FL 34683

*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:** JAMES W. ADKINS

**PRESIDENT/MD**

**01/08/2014**

Electronic Signature of Signing Officer/Director Detail

Date