

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000061182

**Entity Name:** D. SCOTT ROTATORI, M.D., P.A.

**Current Principal Place of Business:**

800 WEST MORSE BOULEVARD  
STE 5  
WINTER PARK, FL 32789-3708

**Current Mailing Address:**

800 WEST MORSE BOULEVARD  
STE 5  
WINTER PARK, FL 32789-3708

**FEI Number:** 20-2735326

**Certificate of Status Desired:** No

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

CRAMER, CHARLES W  
1411 EDGEWATER DRIVE, SUITE 200  
ORLANDO, FL 32804 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            D  
Name            ROTATORI, D. SCOTT  
Address        800 WEST MORSE BOULEVARD STE  
                  #5  
City-State-Zip: WINTER PARK FL 32789-3708

*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:** D. SCOTT ROTATORI

**OWNER**

**02/25/2015**

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

\_\_\_\_\_ Date