

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000012058

**Entity Name:** JOSEPH NICOTRA MD PA

**Current Principal Place of Business:**

6895 ESTERO BLVD  
512  
FT MYERS BEACH, FL 33931

**Current Mailing Address:**

6895 ESTERO BLVD  
512  
FT MYERS BEACH, FL 33931 US

**FEI Number:** 84-4763096

**Certificate of Status Desired:** No

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

ARDOLINO, MARY AILEEN  
1319 CAPE CORAL PKWY E  
CAPE CORAL, FL 33904 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 P  
Name NICOTRA, JOSEPH MD  
Address 2609 SE 21ST PL  
City-State-Zip: CAPE CORAL FL 33904

*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:** JOSEPH NICOTRA

MD

01/28/2022

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

\_\_\_\_\_  
Date