

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V41349

**Entity Name:** PAT T. TIDWELL, M.D., P.A.

**Current Principal Place of Business:**

1001 WEST COLLEGE BLVD.  
SUITE A  
NICEVILLE, FL 32578

**Current Mailing Address:**

1001 WEST COLLEGE BLVD.  
SUITE A  
NICEVILLE, FL 32578

**FEI Number:** 59-3133998

**Certificate of Status Desired:** No

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

TIDWELL, HELEN R.  
2337 CANAL DRIVE  
NICEVILLE, FL 32578 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 PSD  
Name TIDWELL, PAT T  
Address 1001 W COLLEGE BLVD STE A  
City-State-Zip: NICEVILLE FL 32578

*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:** PAT T. TIDWELL

MD

01/12/2015

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

\_\_\_\_\_  
Date