2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 09, 2004 8:00 am **Secretary of State DOCUMENT # 602395** 1. Entity Name 02-09-2004 90048 044 ***150.00 RICHARD C. GEORGIADES D.D.S., P.A. Principal Place of Business Mailing Address 3900 CLARK RD. 3900 CLARK RD. BLDG. E-4 SARASOTA FL 34233 BLDG. E-4 SARASOTA FL 34233 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 59-1304462 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GEORGIADES, RICHARD Street Address (P.O. Box Number is Not Acceptable) 3900 CLARK ROAD **BUILDING 3-4** SARASOTA FL 34233 Zip Code FL 8. 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. I am familiar with, and accept the obligations of registered agent. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PTD Delete TITLE TITLE ☐ Change ☐ Addition GEORGIADES, RICHARD C. NAME NAME STREET ADDRESS 3900 CLARK ROAD, BUILDING E-4 STREET ADDRESS SECRETAGES CRAIS GEORGIAGES CRAIS 3900 CLARK AL RAL F-4 CITY-ST-ZIP SARASOTA FL CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME CRAIG, GEORIDGE NAME STREET ADDRESS 3900 CLARK RD BLD E-9 STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34239 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME GEORGIADES, CRAIG -NAME-STREET ADDRESS 3900 CLARK RD BLDG E-4 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34233 TITLE Delete TITLE ☐ Change ☐ Addition HORNE, G. NELSON NAME NAME 6124 SO. TAMIAMI TRAIL STREET ADDRESS STREET ADDRESS SARASOTA FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TIT) F ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

PRESIDENT

Richard Greateradors

SIGNATURE:

FILED