

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000065233

**FILED**  
**Apr 20, 2009**  
**Secretary of State**

**Entity Name:** CB-FSI, INC.

**Current Principal Place of Business:**

2003 HARBORWATCH CIRCLE  
TARPON SPRINGS, FL 34689

**New Principal Place of Business:**

**Current Mailing Address:**

2003 HARBORWATCH CIRCLE  
TARPON SPRINGS, FL 34689

**New Mailing Address:**

FEI Number: 03-0458853

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BOUCHLAS, CONSTANTINE  
2003 HARBORWATCH CIRCLE  
TARPON SPRINGS, FL 34689 US

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

BOUCHLAS, CONSTANTINE G M.D.  
2003 HARBORWATCH CIRCLE  
TARPON SPRINGS, FL 34689 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: CONSTANTINE BOUCHLAS

04/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BOUCHLAS, CONSTANTINE  
Address: 2003 HARBORWATCH CIRCLE  
City-St-Zip: TARPON SPRINGS, FL 34689

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: BOUCHLAS, CONSTANTINE G M.D.  
Address: 2003 HARBORWATCH CIRCLE  
City-St-Zip: TARPON SPRINGS, FL 34689

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CONSTANTINE G. BOUCHLAS, M.D.

P

04/20/2009

Electronic Signature of Signing Officer or Director

Date