


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 24, 2006 8:00 am**  
**Secretary of State**

02-24-2006 90002 025 \*\*\*150.00

**DOCUMENT # P04000170977**

1. Entity Name  
 DR. NICHOLAS KREVATAS, P.A.




Principal Place of Business  
 5090 SW 64TH AVE #206B  
 DAVIE, FL 33314

Mailing Address  
 5090 SW 64TH AVE #206B  
 DAVIE, FL 33314

2. Principal Place of Business  
 3670 N. 56<sup>th</sup> AVE  
 Suite, Apt. #, etc.  
 #717  
 City & State  
 Hollywood FL  
 Zip Country  
 33021 USA

3. Mailing Address  
 3670 N. 56<sup>th</sup> AVE  
 Suite, Apt. #, etc.  
 #717  
 City & State  
 Hollywood FL  
 Zip Country  
 33021 USA



02162006 Chg-P CR2E034 (11/05)

4. FEI Number  
 37-1502549  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 KREVATAS, NICHOLAS  
 5090 SW 64TH AVE #206B  
 DAVIE, FL 33314

7. Name and Address of New Registered Agent  
 Name - Krevatas, Nicholas  
 Street Address (P.O. Box Number is Not Acceptable)  
 3670 N. 56<sup>th</sup> AVE  
 #717  
 City Hollywood FL Zip Code 33021

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 Nicholas Krevatas Nicholas Krevatas 02/16/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-issuing) DATE

**FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KREVATAS, NICHOLAS 5090 SW 64TH AVE #206B DAVIE, FL 33314 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KREVATAS, NICHOLAS 3670 N. 56 <sup>th</sup> AVE #717 HOLLYWOOD, FL 33021 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE: Nicholas Krevatas Nicholas Krevatas 02/16/06 (954) 829-6413  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #