

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 01, 2002 8:00 am**  
**Secretary of State**

08-01-2002 90168 010 \*\*\*150.00

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**DOCUMENT # P96000040192**

1. Entity Name  
**PETER G. AGORIS, M.D., P.A.**

Principal Place of Business <b>1501 ALTERNATE 19 SOUTH, SUITE B                  TARPON SPRINGS FL 34689                  US</b>	Mailing Address <b>1501 ALTERNATE 19 SOUTH, SUITE B                  TARPON SPRINGS FL 34689                  US</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

4. FEI Number <b>59-3385879</b>	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>AGORIS, PETER G M.D.                  1501 ALTERNATE 19 SOUTH, SUITE B                  TARPON SPRINGS FL 34689</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P ARGOLIS, PETER 1501 ALTERNATE 19 SOUTH, SUITE B TARPON SPRINGS FL 34689</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **personal representative** 7/29/02 934-3474  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)

Attachment  
R# P9600W40192

7/29/02

Dear Sir:

971991

This is the first notice received for this corporation. I would like ~~to~~ to request that the late fee be waived.

Thank you very kindly.

Shere Nicholas Agans, <sup>MISS</sup>  
personal representative

1501 S. Pinellas Ave. (Q)