

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Jul 28, 2003 8:00 am
Secretary of State

07-28-2003 90134 034 ***150.00

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DOCUMENT # P96000040192

1. Entity Name
IRENE A. NICKOLAKIS, M.D., P.A.



Principal Place of Business
**1501 ALTERNATE 19 SOUTH, SUITE B
TARPON SPRINGS FL 34689
US**

Mailing Address
**1501 ALTERNATE 19 SOUTH, SUITE B
TARPON SPRINGS FL 34689
US**

wrong



2. Principal Place of Business
1264 South Pinellas Ave

3. Mailing Address
1264 South Pinellas Ave

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Tarpon Springs FL

City & State
Tarpon Springs FL

Zip
34689

Country
U.S.A.

4. FEI Number
59-3385879

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**AGORIS, PETER G M.D.
1501 ALTERNATE 19 SOUTH, SUITE B
TARPON SPRINGS FL 34689**

wrong name
wrong address

7. Name and Address of New Registered Agent

Name
Irene A. Nickolakis, m.d., P.A.

Street Address (P.O. Box Number is Not Acceptable)
1264 South Pinellas Avenue

City
Tarpon Springs FL

Zip Code
34689

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 **Irene A. Nickolakis, m.d., P.A.** **President** **7/24/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARGOLIS, PETER 1501 ALTERNATE 19 SOUTH, SUITE B TARPON SPRINGS FL 34689	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Irene A. Nickolakis, m.d., P.A. 1264 South Pinellas Avenue Tarpon Springs, FL 34689	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: **Irene A. Nickolakis, m.d., P.A.** **President** **7/24/03** **938-0714**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (4/03)