

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000170977

**Entity Name:** DR. NICHOLAS KREVATAS, P.A.

**Current Principal Place of Business:**

7005 NORTH DAVIS HIGHWAY  
NEXT TO BJ'S OPTICAL  
PENSACOLA, FL 32504

**Current Mailing Address:**

4069 SUNSHINE RIDGE CT  
MOLINO, FL 32577 US

**FEI Number:** 37-1502549

**Certificate of Status Desired:** No

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

KREVATAS, NICHOLAS DR.  
4069 SUNSHINE RIDGE CT  
MOLINO, FL 32577 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title D  
Name KREVATAS, NICHOLAS DR.  
Address 4069 SUNSHINE RIDGE CT  
City-State-Zip: MOLINO FL 32577

*I hereby 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 all other like empowered.*

**SIGNATURE:** DR. NICHOLAS KREVATAS

**DIRECTOR**

**03/19/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date