Aug-09-04 12:44P

**FILED**
**Aug 13, 2004 8:00 am**
**Secretary of State**
08-13-2004 90069 021 ***150.00

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 291611

1. Entity Name
I.J.K.M. CORPORATION

54068180

| Principal Place of Business | Mailing Address |
|---|---|
| 1018 WEST BAY DRIVE<br>LARGO, FL 34640 | 1018 WEST BAY DRIVE<br>LARGO, FL 34640 |

08092004 Chg-P CR2E034 (10/03)

2. Principal Place of Business: 152 Coe Road
Suite, Apt. #, etc.:
City & State: Belleair Fla
Zip: 33756 County: Pinellas

3. Mailing Address:
Suite, Apt. #, etc.:
City & State:
Zip: County:

4. FEI Number: 59-1237870 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MICHAELOS,LOUIS J
1018 W BAY DRIVE
LARGO, FL 34640

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable):
City: FL Zip Code:

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: _____ DATE: _____

**FILE NOW!!! FEE IS $150.00**
**Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE | PD | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | MICHAELOS,LOUIS J | | NAME | |
| STREET ADDRESS | 1018 W. BAY DRIVE | | STREET ADDRESS | |
| CITY-ST-ZIP | LARGO, FL | | CITY-ST-ZIP | |
| TITLE | D | ☑ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | MICHAELOS, JOHN L | | NAME | |
| STREET ADDRESS | 1018 W. BAY DRIVE | | STREET ADDRESS | |
| CITY-ST-ZIP | LARGO, FL | | CITY-ST-ZIP | |
| TITLE | SD | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | MICHAELOS, MARY | | NAME | |
| STREET ADDRESS | 1018 W. BAY DRIVE | | STREET ADDRESS | |
| CITY-ST-ZIP | LARGO, FL | | CITY-ST-ZIP | |
| TITLE | D | ☑ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | KOLETTIS, MICHELLE M | | NAME | |
| STREET ADDRESS | 1018 W. BAY DRIVE | | STREET ADDRESS | |
| CITY-ST-ZIP | LARGO, FL | | CITY-ST-ZIP | |
| TITLE | D | ☑ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | LAWANDALLS, KALLIOPE M | | NAME | |
| STREET ADDRESS | 1018 W. BAY DRIVE | | STREET ADDRESS | |
| CITY-ST-ZIP | LARGO, FL | | CITY-ST-ZIP | |
| TITLE | D | ☑ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | CARLOS, IRENE M | | NAME | |
| STREET ADDRESS | 1018 W. BAY DRIVE | | STREET ADDRESS | |
| CITY-ST-ZIP | LARGO, FL | | CITY-ST-ZIP | |

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:** Louis J. Michaelos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Title if Other

Dr. 291611
5406818O

**ST. MICHAEL'S EYE AND LASER**
OPHTHALMOLOGY
Corneal/External Disease/Cataract/Retina
1018 WEST BAY DRIVE • LARGO, FL 33770
(727) 585-2200 • FAX: 584-9239

**JOHN L. MICHAELOS, M.D.**
LIC# ME0068672

**LOUIS J. MICHAELOS, M.D.**
LIC# ME0008747

Name
Address Age
SECURITY FEATURES ON BACK DEA# Date 8/10/04

℞ Anna – Thank you very much for helping us to get the form in on time
Louis Michaelos

Label
Refill times PRN NR

This prescription may be filled with a generically equivalent drug product unless the words "Medically Necessary" are written, in the practitioner's own handwriting on this prescription form.

M.D.

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