2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT # 562321

1. Entity Name

MYERS & FOTOPOULOS, M.D.S, P.A.



FILED Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90186 020 ***150.00

		•						
5534 GULF DRIVE. STE 1 5534 GULF		Mailing Address 5534 GULF DRIVE. STE 1 NEW PORT RICHEY FL 3						
2. Principal	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		4	4. FEI Number 59-1798817		Applied For	
Zip	Country	Zip	Country		Certificate of Status Desired	\$8.75 A		
	6. Name and Address of Current F	Registered Agent	<u>L </u>			Fee Requir	red	
				7. Name and Address of New Registered Agent Name				
MYERS, MICHAEL A			Street	Street Address (P.O. Box Number is Not Acceptable)				
5534 GULF DRIVE SUITE 1			Sileet	Address (F.O.	. box number is not Acceptable)			
NEW PU	RT RICHEY FL 34652					, <u>, , , , , , , , , , , , , , , , , , </u>		
			City	·		FL Zip Co	de	
8. The above	e named entity submits this statement for ations of registered agent.	the purpose of changing its	registered office of	or registered :	agent or both in the State of Florida			
the obliga	itions of registered agent.			or regiotered t	agent, or both, in the State of Florida.	i am tamiliar with	, and accept	
SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE:	: Registered Agent signa	ture required wher	1 reinstation			
` 1	FILE NOW!!! FEE IS \$150.00				,	DATE		
Afte Make Chec	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of				 Election Campaign Financin Trust Fund Contribution. 	+,	00 May Be d to Fees	
10.	OFFICERS AND D	IRECTORS	11.	A	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 11	
TITLE NAMÉ	PD Myers, Michael A	☐ Delete	TITLE	Directo		☐ Change	Addition	
STREET ADDRESS	l ==+ · · · · · · · · · · · · · · · · · ·		NAME STREET ADDRESS	Fotop	oulos, theodore N.			
CITY-ST-ZIP	NEW PORT RICHEY, FL0 34652		CITY-ST-ZIP	100000	ont Richey FL 34US	·)		
TITLE		☐ Delete	TITLE		THRUNEY, FL 3700	☐ Change	☐ Addition	
NAME STREET ADDRESS		•	NAME			☐ Onlinge	L) Addition	
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE		* .			
NAME		- Actere	NAME			☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS					
TITLE			CITY-ST-ZIP		·			
NAME		☐ Delete	TITLE			☐ Change	☐ Addition	
STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP	· 		CITY-ST-ZIP					
TITLE		☐ Delete	TITLE	-		Change	☐ Addition	
NAME STREET ADDRESS			NAME		÷	onango		
CITY-ST-ZIP	•	·	STREET ADDRESS CITY-ST-ZIP				}	
TITLE		☐ Delete	TITLE					
NAME		□ Delete	NAME			☐ Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS				1	

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 changed, or on an attachment with an address, with all other like employered.

CITY-ST-ZIP

SIGNATURE:

SIGNAT WAE REQUIREDY SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/03

Daytime Phone #

CR2E034 (10/02)