FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY 16 AM 8:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **592930** **(2)**

1. Corporation Name

LAZ N. KAVOUKLIS DMD PA.

Principal Place of Business	Mailing Address
6025 MEMORIAL HWY. TAMPA FL 33615	6025 MEMORIAL HWY. TAMPA FL 33615

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/09/1978

3a. Date of Last Report: 02/03/1994

2. Principal Place of Business 21 5537 SHELDON RD.	2a. Mailing Address 26 5537 SHELDON RD.	4. FEI Number 59-1860415	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22 SUITE AA	Suite, Apt. #, etc. 27 SUITE AA	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 TAMPA FLA.	City & State 28 TAMPA FLA.	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country 24 33615 / 25 HILLS	Zip / Country 29 33615 / 30 HILLS.	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KAVOUKLIS, LAZ N. 6025 MEMORIAL HWY. TAMPA, FLORIDA VA 33615	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition
NAME	KAVOUKLIS, LAZ N.	12 NAME	
STREET ADDRESS	6025 MEMORIAL HWY.	13 STREET ADDRESS	5537 SHELDON ROAD SUITE AA
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	TAMPA FLA. 33615
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: LAZ N. KAVOUKLIS 5/13 813-888-7004
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0297608 CP