FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

DOCUMENT # 604408 (5)

1. Corporate Name
NICHOLAS J. PASTIS, M.D., P.A.

Principal Office Address:
NICHOLAS J. PASTIS, M.D.
1403 MEDICAL PLAZA DR., #108
SANFORD FL 32771

Mailing Address:
NICHOLAS J. PASTIS, M.D.
1403 MEDICAL PLAZA DR., #108
SANFORD FL 32771

3. Date Incorporated or Qualified	06/01/1973
3a. Date of Last Report	01/20/1994
4. FEI Number	59-1472077
5. Certificate of Status Desired	X — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	[ ] — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.052 Florida Statutes	X Yes [ ] No

2. Principal Office Address Change: 21 / 22 Suite, Apt # etc. / 23 City & State / 24 Zip / 25 Country

2a. Mailing Address: 26 / 27 Suite, Apt # etc. / 28 City & State / 29 Zip / 30 Country

9. Name and Address of Current Registered Agent

PASTIS, NICHOLAS J
1403 MEDICAL PLAZA DR., #108
SANFORD FL 32771

10. Name and Address of New Registered Agent

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 *Nicholas Pastis* 4/11/95

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PASTIS, NICHOLAS J
STREET ADDRESS	3714 TRAILS END
CITY-ST-ZIP	LONGWOOD FL 32779
TITLE	STD
NAME	PASTIS, MARITSA C
STREET ADDRESS	3714 TRAILS END
CITY-ST-ZIP	LONGWOOD FL 32779

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] Addition (blank entries)

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: *Nicholas Pastis* 4/11/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0044013 CP