

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Mar 19 1998 8:00am  
Secretary of State

|   |   |  |
|---|---|--|
| PROFIT CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # 608312 (5)  
1. Corporation Name  
ROMAS SAKALAS, M.D., P.A.

Principal Place of Business  
1300 36TH ST BLDG 1 G  
VERO BEACH FL 32960

Mailing Address  
1300 36TH ST BLDG 1 G  
VERO BEACH FL 32960



DO NOT WRITE IN THIS SPACE

|   |                  |                         |                  |   |                  |
|---|------------------|-------------------------|------------------|---|------------------|
| 2. Principal Place of Business  |                  | 2a. Mailing Address     |                  | 3. Date Incorporated or Qualified<br>01/30/1979   |                  |
| 21. Suite, Apt. #, etc.   | 22. City & State | 23. Zip                 | 24. Country      | 25. Suite, Apt. #, etc.   | 26. City & State |
| 27. Zip   | 28. Country      | 29. Suite, Apt. #, etc. | 30. City & State | 31. Zip   | 32. Country      |
| 9. Name and Address of Current Registered Agent<br>SAKALAS, ROMAS<br>1300 36 BLDG<br>1-G<br>VERO BEACH FL 32960   |                  |                         |                  | 10. Name and Address of New Registered Agent  |                  |
| 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. |                  |                         |                  | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                  |

|  |              |
|--|--------------|
| 81. Name   |              |
| 82. Street Address (P.O. Box Number is Not Acceptable) |              |
| 83. City   |              |
| 84. 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 \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|---|---|--|
| TITLE                      | P<br>SAKALAS, ROMAS<br>1300 36TH BLDG. 1-G<br>VERO BEACH FL   | 1.1 TITLE   |  |
| NAME                       |   | 1.2 NAME  |  |
| STREET ADDRESS             |   | 1.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |   | 1.4 CITY - ST - ZIP                                   |  |
| TITLE                      | S<br>SAKALAS, DANA M.<br>1300 36TH BLDG. 1-G<br>VERO BEACH FL | 2.1 TITLE   |  |
| NAME                       |   | 2.2 NAME  |  |
| STREET ADDRESS             |   | 2.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |   | 2.4 CITY - ST - ZIP                                   |  |
| TITLE                      |   | 3.1 TITLE   |  |
| NAME                       |   | 3.2 NAME  |  |
| STREET ADDRESS             |   | 3.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |   | 3.4 CITY - ST - ZIP                                   |  |
| TITLE                      |   | 4.1 TITLE   |  |
| NAME                       |   | 4.2 NAME  |  |
| STREET ADDRESS             |   | 4.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |   | 4.4 CITY - ST - ZIP                                   |  |
| TITLE                      |   | 5.1 TITLE   |  |
| NAME                       |   | 5.2 NAME  |  |
| STREET ADDRESS             |   | 5.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |   | 5.4 CITY - ST - ZIP                                   |  |
| TITLE                      |   | 6.1 TITLE   |  |
| NAME                       |   | 6.2 NAME  |  |
| STREET ADDRESS             |   | 6.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |   | 6.4 CITY - ST - ZIP                                   |  |

14. 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 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 *Romas Sakalas* ROMAS SAKALAS 3-12-98 54-5890303

CR2E034 (10/97)