

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED
MSB

CORPORATION
 ANNUAL REPORT
 1995



FLORIDA DEPARTMENT OF STATE
 Sandra B. Sawyer
 Secretary of State
 1750 North West 25th Street
 Tallahassee, Florida 32304-0001

95 MAY 1 1995
 12:00 PM
 TALLAHASSEE, FLA

DOCUMENT # F00558 (9)

JAMES L. KATSIKAS, M.D., P.A.

Principal Office Address: **7900 SW 57 AVENUE #21 S MIAMI FL 33143**
 Mailing Address: **7900 SW 57 AVENUE #21 S MIAMI FL 33143**

DO NOT WRITE IN THIS SPACE

2. Date of Report (Required)		2a. Mailing Agency		3. Date Incorporated (or Reincorporated)	3b. Date of Last Report
21		26		10/01/1980	05/01/1994
4. FEI Number		Applied For		Not Applicable	
59-2028184		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22. State App # of		27. State App # of		6. Election Campaign Financing Trust Fund Contribution	
23. City & State		28. City & State		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip		29. Zip		7. This corporation has authority for distribution (as of date of filing) Florida Statutes	
25		29		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KATSIKAS, JAMES L 7900 SW 57 AVE #21 S MIAMI FL 33143				01	Name		
				02	Street Address (P.O. Box Number is Not Applicable)		
				03	City		
				04	FL	05	Zip Code

11. Pursuant to the provisions of Sections 607.01(1)(a) and 607.01(1)(b), Florida Statutes, the above named corporation and this filer, in behalf of the corporation, hereby apply 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. Thereby accept the appointment as registered agent. Filer hereby waives and accepts the obligations of Sections 607.01(1)(a), Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If Any)	
01	PDS KATSIKAS, JAMES L. 7900 SW 57 AVE #21 S MIAMI FL	01	<input type="checkbox"/> Change <input type="checkbox"/> Addition
02		02	<input type="checkbox"/> Change <input type="checkbox"/> Addition
03		03	<input type="checkbox"/> Change <input type="checkbox"/> Addition
04		04	<input type="checkbox"/> Change <input type="checkbox"/> Addition
05		05	<input type="checkbox"/> Change <input type="checkbox"/> Addition
06		06	<input type="checkbox"/> Change <input type="checkbox"/> Addition
07		07	<input type="checkbox"/> Change <input type="checkbox"/> Addition
08		08	<input type="checkbox"/> Change <input type="checkbox"/> Addition
09		09	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10		10	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information provided with this filing is accurate, complete and correct and that the corporation is in good standing with the State of Florida. I further certify that the information is true and correct and that the corporation shall keep the same up to date. I am personally or directly or indirectly interested in the corporation and I am not a shareholder or partner in the corporation. I am not a director or officer of the corporation. I am not a registered agent of the corporation. I am not a registered agent of the corporation. I am not a registered agent of the corporation.

SIGNATURE: *James L. Katsikas* - **JAMES L. KATSIKAS, M.D.** 4/28/95 (305) 662-3954