2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2004 08:00 AM
Secretary of State

DOCUMENT # F03849

1. Entity Name
GARY A. TRIKARDOS, D.M.D., P.A.

Principal Place of Business	Mailing Address
2603 CAPITAL MEDICAL BLVD TALLAHASSEE, FL 32308	2603 CAPITAL MEDICAL BLVD TALLAHASSEE, FL 32308

DO NOT WRITE IN THIS SPACE

07012004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2041674
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DUCHEMIN, CLAIRE, A
1250 - 52 NORTH GADSDEN ST
TALLAHASSEE, FL 32308

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TRIKARDOS, GARY A.
STREET ADDRESS	2603 CAPITAL MEDICAL BLV
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/07/04-80014-015 150.00

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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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gary A. Trikardos DMD, PA 7-2-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #