2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

F03849 **DOCUMENT #**

1. Entity Name

GARY A. TRIKARDOS, D.M.D., P.A.



FILED Jan 07, 2003 8:00 am Secretary of State 01-07-2003 90018 026 ***150.00

Principal Place 2603 CAPITAL TALLAHASSEE	MEDICAL BLVD	2603	Mailing Address 2603 CAPITAL MEDICAL BLVD TALLAHASSEE FL 32308							
2. Principal P	lace of Business	3. Mail	3. Mailing Address							OH OLEH HEDA
Suite, Apt.	#, etc.	Suite	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State	e	City	City & State			4. FEI Number 59-2041874			Applied For Not Applicable	
Zip	Country	Zip		Country		5. Certificate of Status Desired F			8.75 Additional ee Required	
	6. Name and Address	of Current Registere	d Agent			7. Name and Add	iress of New R	egistered A	jent	
				Nan	ne					
	n, Claire, A North Gadsden St			Stre	Street Address (P.O. Box Number is Not Acceptable)					
TALLAHAS	SSEE FL 32308						<u> </u>	FL	Zip Code	9
After	Signature, typed or printed name of r ILE NOW!!! FEE IS \$1 May 1, 2003 Fee will be	50.00 • \$550.00	licable (NO	TE: Registered Agent	signature required w	9. Election	n Campaign Fir			0 May Be
Make Check	Payable to Florida Dep							0500 1110	DIDECTOR	2 151 44
10.		CERS AND DIRECTO		11.		ADDITIONS/CH.	ANGES TO OFF			
NAME STREET ADDRESS	PD TRIKARDOS, GARY A. 2603 CAPITAL MEDICA	L_BLV	☐ Delete	TITLE NÄME STREET ADDR					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS	TALLAHASSEE FL		☐ Delete	TITLE NAME STREET ADDR	BESS				Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete	TITLE NAME STREET ADDR	RESS				☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS			☐ Delete	TITLE NAME STREET ADOR	RESS				Change	Addition

12. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP