

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90052 033 ***150.00

DOCUMENT # F45347

1. Entity Name

TRIFON DALKALITSIS, M.D., P.A.



Principal Place of Business

2401 FOREST DRIVE
INVERNESS FL 34453
US

Mailing Address

2401 FOREST DRIVE 2565 S
INVERNESS FL 34453
US

2. Principal Place of Business

3. Mailing Address

2565 S. PLEASANT POINT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
INVERNESS FL

Zip

Country

Zip 34450

Country U.S.A.

4. FEI Number 59-2124117

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DALKALITSIS, TRIFON
2401 FOREST DR.
INVERNESS FL 34453

7. Name and Address of New Registered Agent

Name DALKALITSIS, TRIFON

Street Address (P.O. Box Number is Not Acceptable)

2565 S. PLEASANT Pt.

City INVERNESS

FL

Zip Code 34450

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 *Trifon Dalkalitis* M.D., TRIFON Dalkalitis, M.D., President 2/16/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE STP ☐ Delete
NAME DALKALITSIS, TRIFON
STREET ADDRESS 2401 FOREST DR
CITY-ST-ZIP INVERNESS FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2565 S. PLEASANT POINT
CITY-ST-ZIP INVERNESS FL 34450

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Trifon Dalkalitis* M.D. 2/16/04 352-344-3777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #