

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J22838

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

**Entity Name:** ERIC TRIDAS, M.D., P.A.

**Current Principal Place of Business:**

4144 N. ARMENIA AVE.  
SUITE 375  
TAMPA, FL 33607 US

**New Principal Place of Business:**

**Current Mailing Address:**

1126 MONTEREY BLVD., N.E.  
ST. PETERSBURG, FL 33704 US

**New Mailing Address:**

**FEI Number:** 59-2701209

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TRIDAS, ERIC  
1126 MONTEREY BLVD., N.E.  
ST. PETERSBURG, FL 33704 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DR.  
Name: TRIDAS, ERIC  
Address: 1126 MONTEREY BLVD., N.E.  
City-St-Zip: ST. PETERSBURG, FL 33704

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ERIC TRIDAS

PRES

04/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date