FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M31422** **(2)**

1. Corporation Name

KYRIACOS PEFKAROS, M.D., P.A.

Principal Place of Business

3661 SO. MIAMI AVE.
SUITE 806
MIAMI FL 33133

Mailing Address

4801 A.W. 74 TER
SUITE 806
MIAMI FL 33143
US

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 | County 25

2a. Mailing Address
26 **4801 S.W. 74 TER**
Suite, Apt. #, etc.
27
City & State
28 **MIAMI** **FL**
Zip 29 **33143** | County 30 **DADE**

3. Date Incorporated or Qualified: **05/01/1986**

3a. Date of Last Report: **03/16/1995**

4. FEI Number: **59-2678376** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

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

8. This corporation has Liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

KYRIACOS PEFKAROS, M.D.
3661 SO. MIAMI AVE. #806
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0505 and 607.1505, Florida Statutes, the above named corporation submits this statement 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. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: PRES. 1/19/96
Signature of New Registered Agent, if changing (Date)

12. OFFICERS AND DIRECTORS

TITLE	**DPS**	☐ DELETE
NAME	**PEFKAROS, KYRIACOS**	
STREET ADDRESS	**3661 SO. MIAMI AVE.#806**	
CITY-ST-ZIP	**MIAMI FL**	
TITLE	**T**	☐ DELETE
NAME	**PEFKAROS, KYRIACOS**	
STREET ADDRESS	**3661 SO. MIAMI AVE.#806**	
CITY-ST-ZIP	**MIAMI 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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1-TITLE		☐ Change ☐ Addition
1-NAME		
1-STREET ADDRESS		
1-CITY-ST-ZIP		
2-TITLE		☐ Change ☐ Addition
2-NAME		
2-STREET ADDRESS		
2-CITY-ST-ZIP		
3-TITLE		☐ Change ☐ Addition
3-NAME		
3-STREET ADDRESS		
3-CITY-ST-ZIP		
4-TITLE		☐ Change ☐ Addition
4-NAME		
4-STREET ADDRESS		
4-CITY-ST-ZIP		
5-TITLE		☐ Change ☐ Addition
5-NAME		
5-STREET ADDRESS		
5-CITY-ST-ZIP		
6-TITLE		☐ Change ☐ Addition
6-NAME		
6-STREET ADDRESS		
6-CITY-ST-ZIP		

14. I do hereby certify that the information indicated on this report or supplemental annual 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 12 or Block 13 if changed, added or deleted.

SIGNATURE: 1/19/96 305 854 6700.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Area Code & Daytime Phone Number)

CR2E034 (12/95)