

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30671

FILED
Aug 26, 2005
Secretary of State

Entity Name: KIROS SOCIETY FOR HAND RESEARCH, INC.

Current Principal Place of Business:

%JOHN M. RAYHACK, M.D.
13914 SHADY SHORES DRIVE
TAMPA, FL 33613

New Principal Place of Business:

Current Mailing Address:

%JOHN M. RAYHACK, M.D.
13914 SHADY SHORES DRIVE
TAMPA, FL 33613

New Mailing Address:

FEI Number: 59-2898973 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

RAYHACK, JOHN M.
13914 SHADY SHORES DRIVE
TAMPA, FL 33613 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: PD () Delete
Name: CULP, RANDY
Address: 303 SAND CATTLE DR.
City-St-Zip: BRYN MAWR, PA 19010

Title: SD () Delete
Name: KIEFHABER, TOM
Address: 2800 WINSLOW AVENUE #401
City-St-Zip: CINCINNATI, OH 45206

Title: D () Delete
Name: CHIDGEY, LARRY,
Address: UF, BOX J-246 JHM CENTER
City-St-Zip: GAINESVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MD (X) Change () Addition
Name: RAYHACK, JOHN
Address: 13914 SHADY SHORES DRIVE
City-St-Zip: TAMPA, FL 33613

Title: MD (X) Change () Addition
Name: KIEFHABER, TOM
Address: 2800 WINSLOW AVENUE #401
City-St-Zip: CINCINNATI, OH 45206

Title: MD (X) Change () Addition
Name: CHIDGEY, LARRY,
Address: UF, BOX J-246 JHM CENTER
City-St-Zip: GAINESVILLE, FL

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAYHACK JOHN

MD

08/26/2005

Electronic Signature of Signing Officer or Director

Date