

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30671

FILED
Feb 02, 2008
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:

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

Current Mailing Address:

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

New Mailing Address:

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

FEI Number: 59-2898973

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JOHN M RAYHACK

MD

02/02/2008

Electronic Signature of Signing Officer or Director

Date