

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30671

FILED  
Feb 23, 2009  
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 ( )**

**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

DIR

02/23/2009

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

\_\_\_\_\_  
Date