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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N98000002798

1. Corporation Name

**SAINT PANTELEIMON ORTHODOX MISSIONARY CLINIC, IN
 C.**

174697-90077-34

Principal Place of Business

443 PENT STREET
 TARPON SPRINGS FL 34689

Mailing Address

443 PENT STREET
 TARPON SPRINGS FL 34689



2. Principal Place of Business

21 1730 S. PINELLAS AVE.

2a. Mailing Address

26 1730 S. PINELLAS AVE.

3. Date Incorporated or Qualified

05/13/1998

Suite, Apt. #, etc.

22 SUITE G-400

Suite, Apt. #, etc.

27 SUITE G-400

4. FEI Number

59-351648

Applied For
 Not Applicable

City & State

23 TARPON SPRINGS, FL

City & State

28 TARPON SPRINGS, FL

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

Zip Country

24 34689 25

Zip Country

29 34689 30

6. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

BILIRAKIS, GUS M
 4538 BARTELT ROAD
 HOLIDAY FL 34690

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 Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Gus M Bilirakis, Director, Registered Agent

2-19-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD DELETE
 NAME PAPADAKOS, ZOE JOANNA
 STREET ADDRESS 443 PENT SREET
 CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE VP DELETE
 NAME GROSSER, LESA LYLES M
 STREET ADDRESS 4909 MIRAGE AVENUE
 CITY-ST-ZIP HOLIDAY FL 34690

TITLE ST DELETE
 NAME PARKER, BETSY C
 STREET ADDRESS 2225 SOUTH LAGOON
 CITY-ST-ZIP CLEARWATER FL 34625

TITLE D DELETE
 NAME BILIRAKIS, GUS M
 STREET ADDRESS 4538 BARTELT ROAD
 CITY-ST-ZIP HOLIDAY FL 34690

TITLE D DELETE
 NAME BILLIRIS, GEORGE
 STREET ADDRESS 2323 CURLEW ROAD, SUITE 6C
 CITY-ST-ZIP PALM HARBOR FL 34683

TITLE D DELETE
 NAME FAKLIS, VASILIE
 STREET ADDRESS 139 TARPON AVENUE
 CITY-ST-ZIP TARPON SPRINGS FL 34689

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE VP Change Addition
 2.2 NAME GROSSER, LESA LYLES M.
 2.3 STREET ADDRESS 2217 GROUND SQUIRREL DRIVE
 2.4 CITY-ST-ZIP NEWPORT RICHEY, FL 34655

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE D Change Addition
 5.2 NAME KATSARAS, KALLY
 5.3 STREET ADDRESS 1438 COBURN DRIVE
 5.4 CITY-ST-ZIP TARPON SPRINGS, FL 34689

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Gus M Bilirakis
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-99

Date

(727) 381-3159

Daytime Phone #

CR2E037 (1/98)