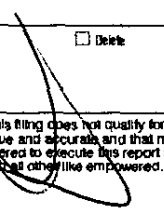


FILED
May 19, 2003 8:00 am
Secretary of State

05-19-2003 90210 002 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000016486		
1. Entity Name NICHOLAS TRANAKAS, M.D., P.A.		
Principal Place of Business 6405 N. FEDERAL HIGHWAY #401 FORT LAUDERDALE, FL 33308		Mailing Address 6405 N. FEDERAL HIGHWAY #401 FORT LAUDERDALE, FL 33308
2. Principal Place of Business		3. Mailing Address 3050 NE 45 ST Suite, Apt. #, etc. Ft. Lauderdale, FL City & State
Suite, Apt. #, etc.		City & State
City & State		City & State
Zip	Country	Zip Country
33308	USA	
4. FEI Number 85-1082132		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent PARADY, WILLIAM A 307 SE 14TH STREET FORT LAUDERDALE, FL 33316		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when submitting)		
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		
TITLE	NAME	☐ Delete
NAME	TRANAKAS, NICHOLAS MD	
STREET ADDRESS	6405 N. FEDERAL HIGHWAY #401	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308	
TITLE	NAME	☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	☒ Change ☐ Addition
NAME	Address change	
STREET ADDRESS	3050 NE 45 St	
CITY-ST-ZIP	Ft. Lauderdale FL 33308	
TITLE	NAME	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with or without other like empowered.		
SIGNATURE  DATE 5/16/03 954 938 186 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

ORF0304 (10/02)