



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90002 025 ***150.00

DOCUMENT # P04000170977 1. Entity Name DR. NICHOLAS KREVATAS, P.A.					
Principal Place of Business 5090 SW 64TH AVE #206B DAVIE, FL 33314			Mailing Address 5090 SW 64TH AVE #206B DAVIE, FL 33314		
2. Principal Place of Business 3670 N. 56th AVE Suite, Apt. #, etc. #717 City & State Hollywood FL Zip 33021 Country USA		3. Mailing Address 3670 N. 56th AVE Suite, Apt. #, etc. #717 City & State Hollywood FL Zip 33021 Country USA		 02162006 Chg-P CR2E034 (11/05)	
4. FEI Number 37-1502549				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KREVATAS, NICHOLAS 5090 SW 64TH AVE #206B DAVIE, FL 33314			7. Name and Address of New Registered Agent Name - Krevatas, Nicholas Street Address (P.O. Box Number is Not Acceptable) 3670 N. 56th AVE #717 City Hollywood FL Zip Code 33021		
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 <u><i>Nicholas Krevatas</i></u> Nicholas Krevatas 02/16/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KREVATAS, NICHOLAS 5090 SW 64TH AVE #206B DAVIE, FL 33314	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KREVATAS, NICHOLAS 3670 N. 56 th AVE #717 HOLLYWOOD, FL 33021	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 all other like empowered.					
SIGNATURE: <u><i>Nicholas Krevatas</i></u> Nicholas Krevatas <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>02/16/06</u> (954) 829-6413 <small>Daytime Phone #</small>		