


From: TILLEY & CALLAHAN, PA, CPA's 904 730 7090

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90049 050 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000000878			
1. Entity Name JOHN P. KARTSONIS, M.D., P.A.			
Principal Place of Business 8218 BAHIA BLANCA COURT JACKSONVILLE, FL 32256		Mailing Address 8218 BAHIA BLANCA COURT JACKSONVILLE, FL 32256	
2. Principal Place of Business - No P.O. Box # 11512 Lake Mead Ave		3. Mailing Address	
Suite, Apt. #, etc. #401		Suite, Apt. #, etc.	
City & State Jacksonville, FL		City & State	
Zip 32256	Country USA	Zip	Country
4. FEI Number 42-1689325		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GLAZIER & GLAZIER, P.A. 5825 PERIMETER PARK BOULEVARD SUITE 504 JACKSONVILLE, FL 32216		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	PSD KARTSONIS, JOHN P 8218 BAHIA BLANCA COURT JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: John P. Kartsonis		Date: 4/27/07 Daytime Phone #: 904-731-1770	