


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90024 002 ***150.00

DOCUMENT # P06000000878					
1. Entity Name JOHN P. KARTSONIS, M.D., P.A.					
Principal Place of Business 11512 LAKE MEAD AVE. #401 JACKSONVILLE, FL 32256			Mailing Address 8218 BAHIA BLANCA COURT JACKSONVILLE, FL 32256		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 11512 Lake Mead Ave			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 401			
City & State		City & State Jacksonville, FL		4. FEI Number 42-1689325	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
32256	USA	32256	USA		
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 Maryellen Kartsonis Street Address (P.O. Box Number is Not Acceptable) 11512 Lake Mead Ave. #401 City Jacksonville FL Zip Code 32256		
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 Maryellen Kartsonis DATE 2/4/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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: [Signature]			DATE 2/4/08 DAYTIME PHONE # 904-731-1770		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					