

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000100330

**Entity Name:** NICOLAS PAVOURIS, MD, P.A.

**FILED**  
**Apr 22, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1200 SOUTH PINELLAS AVE  
11  
TARPON SPRINGS, FL 34689

**New Principal Place of Business:**

**Current Mailing Address:**

2921 GULF BLVD.  
BELLEAIR BEACH, FL 33786

**New Mailing Address:**

**FEI Number:** 01-0872784

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PAVOURIS, NICOLAS  
2921 GULF BLVD.  
BELLEAIR BEACH, FL 33786 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: PAVOURIS, NICOLS MD  
Address: 2921 GULF BLVD.  
City-St-Zip: BELLEAIR BEACH, FL 33786

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: NICOLAS PAVOURIS

CEO

04/22/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date