

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000117457

**FILED**  
**Jan 07, 2010**  
**Secretary of State**

**Entity Name:** JOHN EMON ANTHOUSIS, M.D., P.A.

**Current Principal Place of Business:**

18552 KINGBIRD DRIVE  
LUTZ, FL 33558 US

**New Principal Place of Business:**

**Current Mailing Address:**

18552 KINGBIRD DRIVE  
LUTZ, FL 33558 US

**New Mailing Address:**

**FEI Number:** 26-1300215

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JOHN H. RAINS III, P.A.  
501 EAST KENNEDY BOULEVARD  
SUITE 750  
TAMPA, FL 33602 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** ANTHOUSIS, JOHN E M.D.  
**Address:** 18552 KINGBIRD DRIVE  
**City-St-Zip:** LUTZ, FL 33558 US

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:** JOHN E. ANTHOUSIS MD

P

01/07/2010

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

\_\_\_\_\_  
Date