## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

600 S GREENWOOD AVE

CLEARWATER FL 34616-5610

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Paide of Business

600 S GREENWOOD AVE

CLEARWATER FL 34616

647

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 26 1997 8:00am

Secretary of State

3a. Date of Last Report

05/01/1996

3. Date Incorporated or Qualified

05/31/1994

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000040377 (1)

MICHAEL MARKOU, D.O., P.A.

2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For NOT APPLICABLE Not Applicable 26 Suite Apt #, etc Suite, Apt. #, etc \$8.75 Additional Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Added to Fees Trust Fund Contribution 28 Country Country This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 24 30 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CARASSAS, JOHN 600 S GREENWOOD AVE 82 Street Address (P.O. Box Number is Not Acceptable) CLEARWATER FL 34616 83 84 City Zip Code F 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutos, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Facilitative with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (IvOT): Rogistered Agen' signature required when reinstating OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) 12. 13. A ELLOC NO DELETE Change Addition 11 TITLE TIT.E MARKOU, MICHAEL CR2E034 1.2 NAME NAME 600 S GREENWOOD AVE 1.3 STREET ADDRESS STREET ADDRESS **CLEARWATER FL 34616** 616 CHY+51-20 1.4 CITY - ST - ZIP Add/tion DELETE Change 2.1 TITLE TITLE AHA 2.2 NAME NAME 23 STREET ADDRESS STREET ACCORDS 2. 4 CITY - ST - ZIP Dity-S1 2H DELETE Change Addition HIE 3.1 TITLE MARROW, JUANA NAM: 3.2 NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST- ZIP CHY-ST-ZIP DELETE Change Addition 4.1 TITLE THUE 4 2 NAME NAMi 4.3 STREET ADDRESS STREET ADORESS 4.4 C(TY - ST - ZIP Off y S1 26 DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STHEET ADDRESS 5.3 STREET ADDRESS C-11-51-74 5.4 C(TY-ST-ZIP DELFTE Change Addition Hit 6.1 TITLE

6.2 NAME

MICHAEL MARKOU,

14. I do hereby certly that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

6.3 STREET ADDRESS

6.4 CITY-\$1-2IP

information from about on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an object 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