

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 10 PM 1:16

DOCUMENT # P94000060188 (7)

1. Corporation Name

CHARLES S. THEOFILOS, M.D., P.A.

Principal Place of Business

4801 S. CONGRESS AVE., SUITE 204
LAKE WORTH FL 33461

Mailing Address

4801 S. CONGRESS AVE., SUITE 204
LAKE WORTH FL 33461

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

21 HARVARD CIRCLE
Suite, Apt. #, etc.

2a. Mailing Address

26 HARVARD CIRCLE
Suite, Apt. #, etc.

22 SUITE 104
City & State

27 SUITE 104
City & State

23 WEST PALM BEACH, FL
Zip

28 WEST PALM BEACH, FL
Zip

24 33409
Country

29 33409
Country

9. Name and Address of Current Registered Agent

THEOFILOS, JOHN S
7373 ROWLETT PARK DRIVE
TAMPA FL 33610

3. Date Incorporated or Qualified

08/11/1994

3a. Date of Last Report

N/A

4. FEI Number

65-0507081

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible
Florida Statutes

☒

ax under S. 199.032,
1994

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title of applicant

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSD
THEOFILOS, CHARLES S
32 WINDWARD ISLE
PALM BEACH GARDENS FL 33418

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
P/SID
Charles S. Theofilos, M.D.
10850 Egret Pointe Lane
West Palm Beach, FL 33412

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(2)(b), Florida Statutes. I further certify 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 12 or Block 13 of this report.

SIGNATURE:

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles S. Theofilos, M.D.

407-653-7010