

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 08, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000007147**

**1. Entity Name**

**DIMITRIOS TELLIOS D.M.D., P.A.**



**Principal Place of Business**

**6027 9TH ST N  
ST PETERSBURG, FL 33703 US**

**Mailing Address**

**6027 9TH ST N  
ST PETERSBURG, FL 33703 US**



**03312005 No Chg-P CR2E034 (10/03)**

**4. FEI Number**

**59-3293272**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**



**\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**TELLIOS, DIMITRIOS  
3278 HERON PL  
CLEARWATER, FL 34622**

**DO NOT WRITE  
IN THIS SPACE**

**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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

**9. Election Campaign Financing  
Trust Fund Contribution.**



**\$5.00 May Be  
Added to Fees**

**U000000293284  
04/08/05-80023-005 150.00**

**10. OFFICERS AND DIRECTORS**

**TITLE PD  
NAME TELLIOS, DIMITRIOS  
STREET ADDRESS 3278 HERON PL  
CITY-ST-ZIP CLEARWATER, FL 34622**

**TITLE VD  
NAME TELLIOS, STEPHANIE  
STREET ADDRESS 3278 HERON PL  
CITY-ST-ZIP CLEARWATER, FL 34622**

**TITLE STD  
NAME TELLIOS, STEPHEN  
STREET ADDRESS 3278 HERON PL  
CITY-ST-ZIP CLEARWATER, FL 34622**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**DO NOT WRITE  
IN THIS SPACE**

**12. I hereby certify 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #