FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000079440 (0)**

1. Corporation Name

SAM N. GIANOS, M.D., P.A.

Principal Place of Business	Mailing Address
11121 HEALTH PARK BLVD. SUITE 500 NAPLES FL 33067	11121 HEALTH PARK BLVD. SUITE 500 NAPLES FL 33067

3. Date Incorporated or Qualified: 10/17/1995

3a. Date of Last Report: 10-17-95

2. Principal Place of Business	2a. Mailing Address
21 989 EGRET'S RUN	26 989 EGRET'S RUN
Suite, Apt. #, etc. 22 #201	Suite, Apt. #, etc. 27 #201
City & State 23 NAPLES, FL	City & State 28 NAPLES, FL
Zip 24 33963 Country 25 Collier	Zip 29 33963 Country 30 Collier

4. FEI Number: 65-0623818 ☐ 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 tax under s 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GIANOS, SAM N
7735 N.W. 63RD AVENUE
PARKLAND FL 33067

10. Name and Address of New Registered Agent

81 Name: GIANOS, SAM N.
82 Street Address (P.O. Box Number is Not Acceptable): 989 EGRET'S RUN, Apt#201
83
84 City: NAPLES FL 85 Zip Code: 33963

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: Sam N. Gianos SAM N. GIANOS 02-27-96
(Signature, typed or printed name of Registered Agent and date as applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GIANOS, SAM N 7735 N.W. 63RD AVENUE PARKLAND FL 33067 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition PRESIDENT GIANOS, SAM N. 989 EGRET'S RUN, Apt #201 NAPLES, FL 33963
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	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 119.07(3)(k), Florida Statutes. I further certify that the information indicated 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 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 if changed, or on an attachment with an address.

SIGNATURE: Sam N. Gianos SAM N. GIANOS 2-27-96 941-594-8700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)