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PROFIT CORPORATION ANNUAL REPORT
1997

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
989 EGRET'S RUN #201 NAPLES FL 33963 US	989 EGRET'S RUN #201 NAPLES FL 34108-2480 US

3. Date Incorporated or Qualified: 10/17/1995
3a. Date of Last Report: 03/01/1996

2. Principal Place of Business	2a. Mailing Address
21 6574 N. State Rd. 7	26 6574 N. State Rd. 7
22 Suite, ~~Apt. #, etc.~~ 137	27 Suite, ~~Apt. #, etc.~~ 137
23 City & State: Coconut Creek, FL	28 City & State: Coconut Creek, FL
24 Zip: 33073 25 Country: USA	29 Zip: 33073 30 Country: USA

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
989 EGERT'S RIN
APT. 201
NAPLES FL 33963

10. Name and Address of New Registered Agent

81 Name: SAM N. GIANOS
82 Street Address (P.O. Box Number is Not Acceptable): 7736 N.W. 63rd. Avenue
83
84 City: PARKLAND FL 85 Zip Code: 33067

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, President 03-11-97
Signature, typed or printed name of registered agent and title if 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	P GIANOS, SAM N 989 EGRET'S RUN, APT. 201 NAPLES FL	☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P GIANOS, SAM N 6574 N. STATE ROAD 7; SUITE 137 COCONUT CREEK, FL 33073 ☑ Change ☐ Addition
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

CR2E034 (9/96)

14. I do 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 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 3-11-97 954-344-1982