FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 JAN 28 PM 9:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000079440 (0)

1. Corporation Name
SAM N. GIANOS, M.D., P.A.

Principal Place of Business | Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 2700 Riverside Drive
Suite, Apt. #, etc.
22 Suite #201B
City & State
23 Coral Springs, FL
Zip 24 33065 Country 25 U.S.A.

2a. Mailing Address
26 2700 Riverside Drive
Suite, Apt. #, etc.
27 Suite #201B
City & State
28 Coral Springs, FL
Zip 29 33065 Country 30 U.S.A.

3. Date Incorporated or Qualified: 10/17/95

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 owes the current year Intangible Personal Property Tax [ ] Yes [✓] No

9. Name and Address of Current Registered Agent

GIANOS, SAM N.
2700 Riverside Drive; #201B
Coral Springs, FL 33065

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 N/A DATE
Signature, typed or printed name of registered agent and date, if applicable (NOTE: Required if agent is changed.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	[ ] DELETE	11 TITLE	[ ] Change [ ] Add
NAME		12 NAME	P GIANOS, SAM N.
STREET ADDRESS		13 STREET ADDRESS	2700 RIVERSIDE DR.; #201B
CITY-ST-ZIP		14 CITY-ST-ZIP	Coral Springs, FL 33065
TITLE	[ ] DELETE	21 TITLE	[ ] Change [✓] Add
NAME		22 NAME	S GIANOS, CARLOS N.
STREET ADDRESS		23 STREET ADDRESS	2700 Riverside DR; #201B
CITY-ST-ZIP		24 CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	[ ] DELETE	31 TITLE	[ ] Change [ ] Add
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	[ ] DELETE	41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	[ ] DELETE	51 TITLE	[ ] Change [ ] Add
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	[ ] DELETE	61 TITLE	[ ] Change [ ] Add
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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TAD 1/28/99

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14. 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 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, with all other like empowered.

SIGNATURE: Sam N. Gianos M.D., President 01-23-99 954/925-0000
SIGNATURE AND TITLE OR PRINTED NAME OF SOLE OFFICER, DIRECTOR, OR AUTHORIZED AGENT (Required) DATE TELEPHONE NUMBER