

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000095654
 1. Entity Name
 THOMAS BARTZOKIS, M.D., P.A.



Principal Place of Business 1000 NW 9TH CT #101 BOCA RATON, FL 33486 US	Mailing Address 1000 NW 9TH CT #101 BOCA RATON, FL 33486 US
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01122004 No Chg-P CR2E034 (10/03)

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4. FEI Number 65-0615874	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 TANEN, JEFFREY S
 GOLDSTEIN & TANEN PA
 2 S BISCAYNE BLVD SUITE 3250
 MIAMI, FL 33131

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 _____ (NOTE: Registered Agent Signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BARTZOKIS, THOMAS 1000 NW 9TH CT #101 BOCA RATON, FL 33486
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Thomas Bartzokis 1/13/04 561-368-4444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #