


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2003 8:00 am
Secretary of State

07-28-2003 90134 034 ***150.00

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DOCUMENT # P96000040192	
1. Entity Name IRENE A. NICKOLAKIS, M.D., P.A.	

Principal Place of Business 1501 ALTERNATE 19 SOUTH, SUITE B TARPON SPRINGS FL 34689 US	Mailing Address 1501 ALTERNATE 19 SOUTH, SUITE B TARPON SPRINGS FL 34689 US
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2. Principal Place of Business 1264 South Pinellas Ave Suite, Apt. #, etc.	3. Mailing Address 1264 South Pinellas Ave Suite, Apt. #, etc.
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City & State Tarpon Springs FL	City & State Tarpon Springs FL
Zip 34689	Zip 34689
Country U.S.A.	Country U.S.A.

6. Name and Address of Current Registered Agent AGORIS, PETER G M.D. 1501 ALTERNATE 19 SOUTH, SUITE B TARPON SPRINGS FL 34689	7. Name and Address of New Registered Agent Name: Irene A. Nickolakis, m.d., P.A. Street Address (P.O. Box Number is Not Acceptable) 1264 South Pinellas Avenue City: Tarpon Springs FL Zip Code: 34689
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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.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
SIGNATURE <u>Irene A. Nickolakis, m.d., P.A.</u> President 7/24/03	9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees

FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	NAME ARGOLIS, PETER	TITLE President	NAME Irene A. Nickolakis, m.d., P.A.
STREET ADDRESS 1501 ALTERNATE 19 SOUTH, SUITE B	STREET ADDRESS 1264 South Pinellas Avenue	STREET ADDRESS 1264 South Pinellas Avenue	STREET ADDRESS 1264 South Pinellas Avenue
CITY-ST-ZIP TARPON SPRINGS FL 34689	CITY-ST-ZIP TARPON SPRINGS FL 34689	CITY-ST-ZIP Tarpon Springs, FL 34689	CITY-ST-ZIP Tarpon Springs, FL 34689
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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)(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: <u>Irene A. Nickolakis, m.d., P.A.</u> President 7/24/03 938-0714	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

CR2E034 (4/03)