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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700055077 (6)

JAMES CHRISTOPOULOS, M.D., P.A.

Principal Place of Business

Mailing Address

2408 HERON TERR. #C101

2408 HERON TERR. #C101 **CLEARWATER FL 34622**

FILED Jan 20 1998 8:00am Secretary of State



CLEARWATER FL 34622 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 06/23/1997 2. Principal Place of Business 2a. Mailing Address Applied For HERON 59-3453359 2497 2497 TERR HERON TERR. 26 Not Applicable Suite, Apt. #, etc. Suite, Apl. #, etc. \$8.75 Additional 5, Certificate of Status Desired # C10 # C/01 Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing CLEARWATER, FL CLEARWATE Trust Fund Contribution Added to Fees Country This corporation owes or has paid the current year Intangible 33762 USA Yes No. Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GASSMAN, ALAN S 1245 CT. ST., STE. 102 82 Street Address (P.O. Box Number is Not Acceptable) **CLEARWATER FL 34616** 83 84 City 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 Signature, typed or profed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rainstating) E034 (10/97 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Change DELETE Addition TITLE 1.1 TITLE CHRISTOPOULOS, JAMES NAME 1.2 NAME 2497 HERON TERR. #C101 STREET ADDRESS 1.3 STREET ADDRESS **CLEARWATER FL 34622** CITY-ST-ZIP 1.4 CITY - \$1 - ZIP DELETE Change Addition TITLE 2.1 HH F NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-7iP DELETE Change Addition TITLE 3.1 TITLE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS

CITY-ST-ZIP 6.4 CITY - ST- ZIP 14. Thereby certify that the information supplied with this filling 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 eath; 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 13 if changed, or on an attachment with an address.

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

54 CHY-ST-ZIP

4.4 CITY - ST - ZIP

4.1 TITLE

4. 2 NAME

5.1 1ITLE

5.2 NAME

61 THLE

6.2 NAME

SIGNATURE:

CITY - ST - ZIP

STREET ADDRESS

CITY-ST-ZIF

CITY-ST-ZIP

STREET ADDRESS

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NAME

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6'3) 572-5588

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