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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000062919 (0)

ANDREW COUNDOURIOTIS, M.D., P.A.

FILED May 05 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						F 1881/491 116 1911/1 188/1 88/11 88/11 88/11 88/11	1179 PERIO 1879) 110	148 1861 1881
2191 NINTH	AVE N	2191 NINTH AVE N						
SUITE 270 ST PETERSRI	URG FL 33713	SUITE 270 St Petersburg FL 33713				DO NOT WRITE IN THIS SPACE		
or resultable to the						3. Date Incorporated or Qualified		
						07/18/1997		
	lace of Business	2a, Mailing Address				4 FEI Number	Ar	oplied For
21		26				59-3459175		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional
22		City & State						equired
City & Stat	Ð	<u></u>				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	28 Zip	Cour	ntrv	· · · · · · · · · · · · · · · · · · ·			
24	25	29	30	,		 This corporation owes or has paid the c Personal Property Tax due June 30. 		∐ No
	g. Name and Address of Current	 	1901			10. Name and Address of New Registered		
CO	UNDOURIOTIS, ANDREW			81 N	ame			
	91 NINTH AVE N		Į.	82 St	treat Addre	ess (P.O. Box Number is Not Acceptable)		· · · · · · · · · · · · · · · · · · ·
	ITE 270			02 3	ileel Audie	ess (F.O. box Number is Not Acceptable)		
	PETERSBURG FL 33713		[83				
			-	84 C	ity		85 Zip	Code
					····y	Fi Fi		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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, typod or prieted name of registered ager		· • · · · · ·	Agent sig	gnature require	d when reinstating) DATE		
12.	OFFICERS AND	DELETE DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AF	ND DIRECTOR Change	RS IN 12 Addition
	COUNDOURIOTIS, ANDREW						☐ Criange	CT Addition
NAME OTOGET ADDRESS	2191 NINTH AVE N		1.2 NAI		ncoc			-
STREET ADDRESS	ST PETERSBURG FL 33713			REET ADD				
CITY-ST-ZIP TITLE	GI PETENOBONG PE 337 13	DELETE		1.4 CITY - ST - ZIP 2.1 TITLE			Change	Addition
NAME			2.2 NAME				L Giverige	
STREET ADDRESS				2.3 STREET ADDRESS				
CITY-ST-ZIP				TY-ST-Zi	- 1			
TITLE			3.1 TITI		"		Change	Addition
NAME			3.2 NAME				_	
STREET ADDRESS				REET ADD	RESS			
CITY-ST-ZIP				3 4. CITY-ST-ZIP				
TITLE		DELETE	4 1 TITE				Change	Addition
NAME		4 :		4 2 NAME				
STREET ADDRESS			4 3 STR	REET ADDI	RESS			
CITY-ST-ZIP			4.4 CIT	Y - ST - Z IF	P			
TITLE		☐ DELETE	5 1 THT	LE		,	Change	Addition
NAME			52 NA	ME	ļ.			
STREET ADDRESS			5 3 STA	REET ADD	ress			
CITY-ST-ZIP			5.4 CIT	Y-ST-ZIF	Р			
TITLE		☐ DELETE	6.1 TITE	LĒ			Change	Addition
NAME			6.2 NA	ME				
STREET ADDRESS	₹. •		6.3 STA	REET ADD	RESS			
CITY-ST-ZIP	1.			Y - ST - ZIF				
44 I hereby (certify that the information complied with	b this filing done not qualify for	or the ever	motion	etaled in S	Section 119 07/3Vi) Florida Statutes I further	cortify that the	information

Information this annual report or supplied with this hing does not quality for the exemption stated in Section 119.07(3)(). Florida Statutes: Turtrier 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 previous or fusite 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.