

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P98000034800

Entity Name: THOMAS L. TZIKAS, M.D., P.A.

FILED
Oct 12, 2009
Secretary of State

Current Principal Place of Business:

190 CONGRESS PARK DR
SUITE #160
DELRAY BEACH, FL 33445

New Principal Place of Business:

Current Mailing Address:

190 CONGRESS PARK DR
SUITE #160
DELRAY BEACH, FL 33445

New Mailing Address:

FEI Number: 65-0835118

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIGALOS, GEORGE L ESQ.
120 E PALMETTO PARK RD #100
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

SIGALOS, GEORGE L ESQ.
3839 NW BOCA RATON BLVD
SUITE 100
BOCA RATON, FL 33432 US

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.

SIGNATURE: GEORGE L SIGALOS

10/12/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TZIKAS, THOMAS L
Address: 15382 TALL OAK AVE
City-St-Zip: DELRAY BEACH, FL 33446

Title: PVST () Delete
Name: TZIKAS, THOMAS L
Address: 15382 TALL OAK AVE
City-St-Zip: DELRAY BEACH, FL 33446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR THOMAS L TZIKAS

PVST

10/12/2009

Electronic Signature of Signing Officer or Director

Date