

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 AM 8:53

DOCUMENT # **S17754** (0)

1. Corporation Name
THERESA A. YASONIS, P.A.

Principal Place of Business: **180 MALABAR ROAD, S.W. #105 PALM BAY FL 32907-2951**
Mailing Address: **190 MALABAR ROAD, S.W. #105 PALM BAY FL 32907-2951**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/29/1990	3a. Date of Last Report 01/20/1994
4. FEI Number 59-3041681	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.037, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suits, Apt. #, etc.	2a. Mailing Address 26 Suits, Apt. #, etc.
23 City & State	28 City & State
24 Zip	29 Zip
25 Country	30 Country

9. Name and Address of Current Registered Agent YASONIS, THERESA A. 5065 MALABAR BLVD. MELBOURNE BEACH FL 32951		10. Name and Address of New Registered Agent 81 Name 82 S Dr. Theresa Yasonis 491 Bella Camino Way Indialantic, FL 32903 83 84 C 85 FL 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. AND OTHER OFFICERS IN 12	
TITLE	D	1.1 TITLE	
NAME	YASONIS, THERESA A.	1.2 NAME	Dr. Theresa Yasonis
STREET ADDRESS	5065 MALABAR BLVD.	1.3 STREET ADDRESS	491 Bella Camino Way
CITY- ST- ZIP	MELBOURNE BEACH FL	1.4 CITY- ST- ZIP	Indialantic, FL 32903
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY- ST- ZIP		2.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is verifiably furnished and does not qualify for the exemption stated in Section 199.037(1)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and is correct 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 appointed to administer this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of changed, or on an attachment, with an address.

SIGNATURE: *Theresa A. Yasonis*
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER

1 - - 95 407-984-7878