2008 FOR PROFIT CORPORATION

FILED ANNUAL REPORT (AR) Feb 08, 2008 08:00 AN DOCUMENT # \$20527 **Secretary of State** 1. Entity Name CAROL L. PAPPAS, M.D., PH.D., P.A. Principal Place of Business Mailing Address 2191 9TH AVENUE NORTH 2191 9TH AVENUE NORTH SUITE 230 ST. PETERSBURG FL 33713 SUITE 230 ST. PETERSBURG FL 33713 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) Applied For City & State City & State 4. FEI Number 59-3037901 Not Applicable Zφ Country \$8.75 Additional Country Zψ 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PAPPAS, CAROL L. Street Address (P.O. Box Number is Not Acceptable) 2191 NINTH AVE NORTH 320 ST. PETERSBURG FL 33713 Zip Code City 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. SIGNATURE Signature, typed or presed ranks of registered agent and the Propilicacio. DATE (NOTE: Registered Agent a gonture required when reindating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. ☐ Change Deicte nne TITLE PAPPAS, CAROL L. NAME HALLE STREET ADDRESS 2191 9TH AVE N S-230 STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL CITY-ST-ZIP Addition Defete TITLE TITLE HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-702 CITY-ST-ZIP ☐ Change Addition Delete TITLE NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Change Addition Delete THLE

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 calls: 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 the empowered.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY - ST - ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-2IP

Delete

☐ Change

Addition

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