

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S20527

FILED  
Mar 21, 2012  
Secretary of State

**Entity Name:** CAROL L. PAPPAS, M.D., PH.D., P.A.

**Current Principal Place of Business:**

2191 9TH AVENUE NORTH  
SUITE 230  
ST. PETERSBURG, FL 33713

**New Principal Place of Business:**

**Current Mailing Address:**

2191 9TH AVENUE NORTH  
SUITE 230  
ST. PETERSBURG, FL 33713

**New Mailing Address:**

**FEI Number:** 59-3037901

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PAPPAS, CAROL L.  
2191 NINTH AVE NORTH  
230  
ST. PETERSBURG, FL 33713 US

**Name and Address of New Registered Agent:**

PAPPAS, CAROL L.  
2191 NINTH AVE NORTH  
230  
ST. PETERSBURG, FL 33713 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: CAROL L. PAPPAS

03/21/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: PAPPAS, CAROL L  
Address: 2191 9TH AVE N S-230  
City-St-Zip: ST. PETERSBURG, FL 33713

I hereby 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 all other like empowered.

SIGNATURE: CAROL L. PAPPAS

DP

03/21/2012

Electronic Signature of Signing Officer or Director

Date