

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 10, 2006 8:00 am
Secretary of State

01-10-2006 90034 001 ***150.00

DOCUMENT # **S23405**

1. Entity Name

John P. Karabatos, m.d P.A.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

100 W GORE ST

Suite, Apt. #, etc.

406

3. Mailing Address

357 VITORIA AVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ORlando FL

City & State

Winter Pk FL

4. FEI Number

593041597

Applied For

Not Applicable

Zip

32806

Country

USA

Zip

32789

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Karabatos John P.

Street Address (P.O. Box Number is Not Acceptable)

357 VITORIA AVE

City

Winter Park

FL

Zip Code

32789

**DO NOT WRITE
IN THIS SPACE**

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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P/D/O/S	TITLE	
NAME	KARABATOS JOHN P	NAME	
STREET ADDRESS	100 W GORE ST, ST 406	STREET ADDRESS	
CITY-ST-ZIP	ORlando FL 32806	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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 in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

John P. Karabatos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/06

Date

Daytime Phone #

CR2E034B (12/02)