

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # S39072

1. Entity Name
CHRISTOS J. PITARYS, II, M.D., P.A.



Principal Place of Business

5723 HIGH ST
NEW PORT RICHEY, FL 34652 US

Mailing Address

5723 HIGH ST
NEW PORT RICHEY, FL 34652 US

DO NOT WRITE IN THIS SPACE

FILED
Jul 22, 2008 08:00 AM
Secretary of State



07082008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3056923

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PITARYS, CHRISTOS J., II
5723 HIGH STREET
NEW PORT RICHEY, FL 34652

**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)

U00000955671
07/22/08-80001-010 150.00
DATE

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME PITARYS, CHRISTOS J., II
STREET ADDRESS 5723 HIGH STREET
CITY-ST-ZIP NEW PORT RICHEY, FL 34652

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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 exemptions contained 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-16-08

Date

727-849-8771

Daytime Phone #

CHRISTOS J. PITARYS, II, M.D.