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CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -7 PM 2:41

DOCUMENT # V21624 (4)

1. Corporation Name
ACHILLES STACHTIARIS, M.D., P.A.

Principal Place of Business	Mailing Address
9455 COLLINS AVE PH4 SURFSIDE FL 33154 US	9455 COLLINS AVE PH4 SURFSIDE FL 33154 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/17/1992
3a. Date of Last Report: 03/15/1994

2. Principal Place of Business	2a. Mailing Address
21 1113 Via da Luna	26 1113 VIA da LUNA
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Pensacola Beach FL	City & State 28 PENSACOLA BEACH FL
Zip 24 32561 Country 25	Zip 29 32561 Country 30

4. FEI Number: 65-0319781 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
STACATIANIS, ACHILLES 9455 COLLINS AVE PH4 SURFSIDE FL 33154	81 Name: Achilles Stachtiaris M.D. 82 Street Address (P.O. Box Number is Not Acceptable): 1113 Via da Luna 83 84 City: Pensacola Beach FL 85 Zip Code: 32561

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Achilles Stachtiaris Jr MD — 1/20/95
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	PST ☑ Change ☐ Addition
NAME	STACHTIARIS, ACHILLES	1.2 NAME	ACHILLES D. STACHTIARIS JR. M.D.
STREET ADDRESS	9455 COLLINS AVE, PH4	1.3 STREET ADDRESS	1113 Via da Luna
CITY-ST-ZIP	SURFSIDE FL	1.4 CITY-ST-ZIP	Pensacola Beach FL 32561
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Achilles Stachtiaris Jr MD — 1/20/95 — 904 932 0585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0103607 CP