

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V21624** (4)

1. Corporation Name

ACHILLES STACHTIARIS, M.D., P.A.



Principal Place of Business

**1113 VIA DA LUNA
PENSACOLA BEACH FL 32561
US**

Mailing Address

**1113 VIA DA LUNA
PENSACOLA BEACH FL 32561
US**

2. Principal Place of Business

21 **3541 LAGUNA CT**

Suite, Apt. #, etc.

22

City & State

Gulf Breeze, FL

Zip

32561

Country

2a. Mailing Address

26 **3541 LAGUNA CT**

Suite, Apt. #, etc.

27

City & State

Gulf Breeze FL

Zip

32561

Country

3. Date Incorporated or Qualified

03/17/1992

3a. Date of Last Report

02/07/1995

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

**ACHILLES STACHTIARIS MD
1113 VIA DA LUNA
PENSACOLA BEACH FL 32561**

10. Name and Address of New Registered Agent

81 Name

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

83 **3541 LAGUNA CT**

84 City

Gulf Breeze

FL

85 Zip Code

32561

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 607.05, Florida Statutes.

SIGNATURE

Achilles Stachtiaris MD
Signature, typed or printed name of registered agent and title, if applicable.

CEO
(NOT E. Registered Agent signature required when reappointing)

5/20/96
DATE

12. OFFICERS AND DIRECTORS

TITLE **PST** ☐ DELETE
NAME **ACHILLES, STACHTIAROS J**
STREET ADDRESS **1113 VIA DA LUNA**
CITY-ST-ZIP **PENSACOLA BEACH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Vice President** ☐ Change ☒ Addition
1.2 NAME **SCOTT JUREK**
1.3 STREET ADDRESS **3541 LAGUNA CT**
1.4 CITY-ST-ZIP **Gulf Breeze FL 32561**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(k), 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 in an attachment with an address.

SIGNATURE:

Achilles Stachtiaris MD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/20/96
Daytime Phone # *9044504199*

CR2E034 (12/95)