

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# V21624

FILED
May 13, 2003
Secretary of State

Entity Name: ACHILLES STACHTIARIS, M.D., P.A.

Current Principal Place of Business:

3541 LAGUNA CT
GULF BREEZE, FL 32561 US

New Principal Place of Business:

1518 EAGLES CR
SEBASTIAN, FL 32958 US

Current Mailing Address:

3541 LAGUNA CT
GULF BREEZE, FL 32561 US

New Mailing Address:

1518 EAGLES CR
SEBASTIAN, FL 32958 US

FEI Number: 65-0319781

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ACHILLES STACHTIARIS MD
3541 LAGUNA CT
GULF BREEZE, FL 32561 US

Name and Address of New Registered Agent:

ACHILLES STACHTIARIS MD
1518 EAGLES CR
SEBASTIAN, FL 32958 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:

05/13/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: ACHILLES O. STACHTIARIS JR
Address: 3541 LAGUNA CT
City-St-Zip: GULF BREEZE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: STACHTIARIS, ACHILLES O JR
Address: 1518 EAGLES CR
City-St-Zip: SEBASTIAN, FL 32958

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ACHILLES O. STACHTIARIS JR. M.D.

PST

05/13/2003

Electronic Signature of Signing Officer or Director

Date