2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 08, 2005 8:00 am Secretary of State DOCUMENT # V64010 04-08-2005 90026 038 ***150.00 GEORGE S. YATROS, D.M.D., P.A. Principal Place of Business Mailing Address 3909 E. BAY DRIVE HOLMES BEACH FL 34217 3909 E BAY DR HOLMES BEACH FL 34217 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Suste Suite 205 4. FEI Number City & State Applied For City & State 65-0354028 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent YATROS, GEORGE S 3909 E. BAY DRIVE Street Address (P.O. Box Number is Not Acceptable) **HOLMES BEACH FL 34217** City Zip Code 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. (NOTE: Registered Agent signature required when reinstitting) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May 8e 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition TITLE ☐ Delete TITLE YATROS, GEORGE S NAME NAME STREET ADDRESS 3909 E. BAY DRIVE STREET ADDRESS HOLMES BCH FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$1-7/P CITY-ST-77P TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY ST. 7P 'rity'st:7F ☐ Delete THILE Change ☐ Addition TITLE NAME MANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete IHLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P CITY-ST-ZIP ■ Addition TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-S1-7IP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3XI), 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.

FILED