


FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90037 004 ***150.00

DOCUMENT # V68292 1. Entity Name THEODOSIOS G. FRANTZIS, D.D.S., M.S.D., P.A.			
Principal Place of Business 1005 ROSETREE LANE TARPON SPRINGS FL 34689		Mailing Address P O BOX 1788 TARPON SPRINGS FL 34688-788 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
FRANTZIS, THEODOSIOS G. 1005 ROSETREE LANE TARPON SPRINGS FL 34689			Name
			Street Address (R
			City
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRANTZIS, THEODOSIOS G. 1005 ROSETREE LANE TARPON SPRINGS FL <div style="text-align: right;"><input type="checkbox"/> Delete</div>		
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11.			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.01, F.S., which requires the filing of a report of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, F.S., if the corporation or the receiver or trustee has changed, or on an attachment with an address, with all other like empowerments.			
SIGNATURE: <i>Theodosios G. Frantzis, DDS, M.S.D., P.A.</i> THEODOSIOS G. FRANTZIS, D.D.S., M.S.D., P.A. <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

☐ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)

SIGNATURE: THEODOSIOS G. FRANTZIS, DDS, WLD, PA 03MAR2003 727-934-9338
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #