I hereby 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 all other like empowered.

SIGNATURE: DEAN W KARIKAS

Electronic Signature of Signing Officer/Director Detail

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000020843

Entity Name: KARIKAS AND KASARIS, P.A.

Current Principal Place of Business:

3643 1 AVE NORTH ST PETERSBURG, FL 33713

Current Mailing Address:

3643 1 AVE NORTH ST PETERSBURG, FL 33713

FEI Number: 65-0747480

Name and Address of Current Registered Agent:

KARIKAS, DEAN W 3643 1 AVE NORTH ST PETERSBURG, FL 33713 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:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	PD	Title	VD
Name	KARIKAS, DEAN W	Name	KASARIS, DANIEL C
Address	3643 1 AVE NORTH	Address	3643 1ST AVE NORTH
City-State-Zip:	ST PETERSBURG FL 33713	City-State-Zip:	SAINT PETERSBURG FL 33713

FILED Jan 19, 2017 Secretary of State CC6684062130

Date

Certificate of Status Desired: No

01/19/2017

PRESIDENT/DIRECTOR

Date