

07-15-2002 90186 037 ***133.75
07-28-2002 90175 018 ****16.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000061534

1. Entity Name
GERALD A. NIEDZWIECKI, M.D., P.A.

Principal Place of Business
2675 MEADOW WOOD DR.
CLEARWATER FL 33761

Mailing Address
2675 MEADOW WOOD DR.
CLEARWATER FL 33761

2. Principal Place of Business
2655 SR 580

Suite, Apt. #, etc.
Suite 202

City & State
Clearwater FL

Zip
33761

Country

3. Mailing Address
2655 SR 580

Suite, Apt. #, etc.
Suite 202

City & State
Clearwater FL

Zip

Country

4. FEI Number
59-3727126

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NIEDZWIECKI, GERALD
2675 MEADOW WOOD DR.
CLEARWATER FL 33761

7. Name and Address of New Registered Agent

Name
Street Address (PO Box Number is Not Acceptable)
2655 SR 580
Suite 202
City
Clearwater FL FL Zip Code
33761

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.

SIGNATURE Michele W. Niedzwiecki Michele W. Niedzwiecki Business
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 7/10/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Secretary Treasurer Gerald A. Niedzwiecki 2655 SR 580, SUITE 202 Clearwater, FL 33761	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Gerald A. Niedzwiecki, M.D. 7/10/02 Date 727-791-7300
Signature and typed or printed name of signing officer or director Daytime Phone #

CR2E034 (4/02)