

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 09, 2001 8:00 am**  
**Secretary of State**

03-09-2001 90499 021 \*\*\*150.00

**DOCUMENT # 483018**

1. Entity Name  
**EDWARD P. GUTOWSKI, M.D., P.A.**

Principal Place of Business  
**3443 TAMiami TR.  
 P.O. BOX 3179.  
 PT. CHARLOTTE FL 33949**

Mailing Address  
**3443 TAMiami TR.  
 P.O. BOX 3179  
 PT. CHARLOTTE FL 33949**

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**1410 SAN JOSE DR.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**1410 SAN JOSE DR**  
 Suite, Apt. #, etc.

City & State  
**ENGLEWOOD, FL.**

City & State  
**ENGLEWOOD, FL.**

Zip  
**34223**

Country  
**USA**

Zip  
**34223**

Country  
**USA**

4. FEI Number **59-1622291** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
**LORICCO, CARLO J.  
 3443 TAMiami TR.  
 PT. CHARLOTTE FL 33949**

7. Name and Address of New Registered Agent  
 Name **GUTOWSKI, EDWARD P.**  
 Street Address (P.O. Box Number is Not Acceptable) **1410 SAN JOSE DR.**  
 City **ENGLEWOOD** FL Zip **34223**

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.

SIGNATURE **Edward P. Gutowski** **Edward P. Gutowski** **3/1/01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | <b>GUTOWSKI, EDWARD P.<br/>925 STEVENS DR, STE 1B<br/>RICHLAND WA 99352</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |   |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |  |   |
|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | <b>GUTOWSKI, EDWARD P.<br/>1410 SAN JOSE DR<br/>ENGLEWOOD, FL 34223</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>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)(i), 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: **Edward P. Gutowski** **Edward P. Gutowski** **3/1/01** **941-473-3563**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE034 (10/00)