

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

May 01, 2008 08:00 AM
Secretary of State

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DOCUMENT # 576314

1. Entity Name
MICHAEL A. WASYLIK, M.D., P.A.



Principal Place of Business
**2919 SWANN AVE SUITE 201
TAMPA, FL 33609**

Mailing Address
**2919 SWANN AVE SUITE 201
TAMPA, FL 33609**



04212008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1831077

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

**HINES, JAMES P.
315 HYDE PARK AVENUE
TAMPA, FL 33606**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000938447
05/27/08-80089-020 158.75

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
WASYLIK, MICHAEL A
2919 SWANN AVE
TAMPA, FL 00000,**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/08

813-877-9413

Date

Daytime Phone #