

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 21, 2003 8:00 am
Secretary of State

001770 AV

DOCUMENT # **G41977**

1. Entity Name
JOHN H. POTOMSKI, JR., D.O., P.A.



07-21-2003 90129 019 ***550.00

Principal Place of Business
**720 EAST NEW HAVEN AVE.
MELBOURNE FL 32901**

Mailing Address
**720 EAST NEW HAVEN AVE.
MELBOURNE FL 32901**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **59-2303170**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KOSTRO, VICTOR S
1825 SOUTH RIVERVIEW DRIVE
MELBOURNE FL 32901**

Name **J. PATRICK ~~ANDERSON~~ ANDERSON**

Street Address (P.O. Box Number is Not Acceptable)

930 S. HARBOR CITY BLVD, STE 525

City **MELBOURNE**

FL

Zip Code **32901**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **7/17/03**

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **DPS POTOMSKI, JOHN H JR**
STREET ADDRESS **720 E NEW HAVEN AVE**
CITY-ST-ZIP **MELBOURNE FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **T POTOMSKI, JOHN H JR**
STREET ADDRESS **720 E NEW HAVEN AVE**
CITY-ST-ZIP **MELBOURNE FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **JOHN H. POTOMSKI, JR.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **7-16-03**

Daytime Phone # **321-724-4545**

CR2E034 (4/03)