


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # J38637 1. Entity Name DONALD NEGROSKI, M.D., P.A.		
Principal Place of Business 1921 WALDEMERE ST SUITE 701 SARASOTA, FL 34239 US	Mailing Address 1921 WALDEMERE ST STE 701 SARASOTA, FL 34239 US	

FILED
Jul 25, 2008 08:00 AM
Secretary of State



07222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2729260	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NEGROSKI, DONALD
1921 WALDEMERE ST
STE 701
SARASOTA, FL 34239

**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 of board president or registered agent and title if applicable) (NOTE: Registered Agent Signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	NEGROSKI, DONALD
STREET ADDRESS	1921 WALDEMERE ST, STE 701
CITY- ST- ZIP	SARASOTA, FL

TITLE	S
NAME	STEIN, DANIEL P.
STREET ADDRESS	2520 WILKINSON CIR
CITY- ST- ZIP	SARASOTA, FL

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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NAME	
STREET ADDRESS	
CITY- ST- ZIP	

000000956287
07/25/08-80001-016 550.00

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

7/23/08 941-487-2160