

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # J54938

1. Entity Name

JANUARIUSZ L. STYPEREK, M.D. P.A.



Principal Place of Business

2314 S. SEACREST SUITE #102
BOYNTON BEACH, FL 33435

Mailing Address

2314 S. SEACREST SUITE #102
BOYNTON BEACH, FL 33435

DO NOT WRITE IN THIS SPACE



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number

59-2759477

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STYPEREK, JANUARIUSZ L.
2314 S. SEACREST BLVD. SUITE
BOYNTON BEACH, FL 33435

**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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME STYPEREK, JANUARIUSZ L
STREET ADDRESS 2314 S. SEACREST BLVD., STE 102
CITY-ST-ZIP BOYNTON BEACH, FL 33435

TITLE D
NAME STYPEREK, JANINA L
STREET ADDRESS 2314 S SEACREST BLVD., STE 102
CITY-ST-ZIP BOYNTON BEACH, FL 33435

TITLE D
NAME STYPEREK-GROHMANN, KINGA
STREET ADDRESS 2314 S SEACREST BLVD., STE 102
CITY-ST-ZIP BOYNTON BEACH, FL 33435

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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00000002E53
01/13/04-80022-020 150.00

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IN THIS SPACE**

12. 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 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 #