2007 FOR PROFIT CORPORATION ANNUAL REPORT

7/24/2007-90040-028-$150.00-$150.00

FILED

2007 SEP -5 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J54938

1. Entity Name
JANUARIUSZ L. STYPEREK, M.D. P.A.

Principal Place of Business	Mailing Address
2314 S. SEACREST SUITE #102 BOYNTON BEACH, FL 33435	2314 S. SEACREST SUITE #102 BOYNTON BEACH, FL 33435

01252007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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 _____ DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $500.00

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 33436
TITLE	D
NAME	STYPEREK, JANINA L
STREET ADDRESS	2314 S SEACREST BLVD., STE 102
CITY-ST-ZIP	BOYNTON BEACH, FL 33436
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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100109212851
09/07/07--01035--012 **400.00

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 all other like empowered.

SIGNATURE: _____ 07.17.07 OFFICER

SIGNATURE AND/OR PRINTED NAME OF DESIGNATED OFFICER OR DIRECTOR — Date — Title