

*Amended*

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **J54938**

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 AUG -7 AM 8:00

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**2314 S. SEACREST BLVD**

3. Mailing Address  
**2314 S. SEACREST BLVD**

Suite, Apt. #, etc.  
**102**

Suite, Apt. #, etc.  
**102**

DO NOT WRITE IN THIS SPACE

*MRD*

City & State  
**BOYNTON BEACH, FLORIDA**

City & State  
**BOYNTON BEACH, FLORIDA**

4. FEI Number  
**59-2759477**

Applied For  
Not Applicable

Zip Country  
**33435 PALM BEACH**

Zip Country  
**33435 PALM BEACH**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
**JANUARIUSZ L. STYPEREK**  
Street Address (P.O. Box Number is Not Acceptable)  
**2314 S. SEACREST BLVD.**

City **BOYNTON BEACH** **FL** Zip Code **33435**

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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
JANUARIUSZ L. STYPEREK  
(SAME AS ABOVE)**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**200022127752  
08/07/03--01014--001 \*\*61.25**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
JANINA L. STYPEREK  
(SAME AS ABOVE)**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
KINGA STYPEREK-GROHMANN  
(SAME AS ABOVE)**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

13. 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 11 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 #

**8.4.03 561-732158**

CR2E034B (12/01)