

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000002434

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: TOD FUSIA & MARK SWIERZEWSKI, MD'S, P.A.

## Current Principal Place of Business:

2822 W. VIRGINIA AVE  
TAMPA, FL 33607 US

## New Principal Place of Business:

## Current Mailing Address:

3903 NORTHDAL BLVD  
SUITE 100W  
TAMPA, FL 33624 US

## New Mailing Address:

FEI Number: 59-3616490      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FOWLER WHITE BOGGS BANKER  
501 EAST KENNEDY BLVD  
SUITE 1700  
TAMPA, FL 33602 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SWIERZEWSKI, MARK J MD  
Address: 2822 W VIRGINIA AVE  
City-St-Zip: TAMPA, FL 33607 US

Title: VP ( ) Delete  
Name: FUSIA, TOD J MD  
Address: 2822 W VIRGINIA AVE  
City-St-Zip: TAMPA, FL 33607 US

Title: TRES ( ) Delete  
Name: SWIERZEWSKI, MARK J MD  
Address: 2822 W VIRGINIA AVE  
City-St-Zip: TAMPA, FL 33607 US

Title: SEC ( ) Delete  
Name: SWIERZEWSKI, MARK J MD  
Address: 2822 W VIRGINIA AVE  
City-St-Zip: TAMPA, FL 33607 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK SWIERZEWSKI, MD

P

04/30/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date