

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000002434

FILED  
Apr 06, 2010  
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:**

ROBBINS EQUITAS, P.A.  
2639 DR. MLK JR. STREET NORTH  
ST. PETERSBURG, FL 33704 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  
**Name:** SWIERZEWSKI, MARK J MD  
**Address:** 2822 W VIRGINIA AVE  
**City-St-Zip:** TAMPA, FL 33607 US

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

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

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

I hereby 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 all other like empowered.

**SIGNATURE:** MARK SWIERZEWSKI, MD

P

04/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date