

P00000002434

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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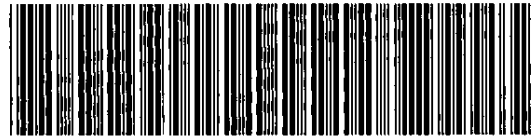
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RA Chang  
Thurs  
9-3-10

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** TOD FUSIA & MARK SWIERZEWSKI, MD'S, P.A.  
Name of Corporation

**DOCUMENT NUMBER:** P00000002434

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Daniel W. Anderson, Esq.  
Name of Contact Person

Anderson Pinkard, P.A.  
Firm/Company

13577 Feather Sound Drive, Suite 670  
Address

Clearwater, FL 33762-5532  
City/State and Zip Code

danderson@floridalawpartners.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel W. Anderson, Esq. at ( 727 ) 329-1999  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

# Anderson|Pinkard

Attorneys & Counselors at Law

13577 Feather Sound Drive, Suite 670 | Clearwater, FL 33762-5532

P: (727) 329-1999 | F: (727) 329-1499

FloridaLawPartners.com

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September 1, 2010

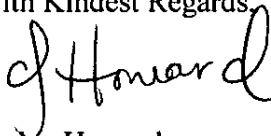
Florida Department of State  
Division of Corporations  
Corporate Records  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Revitalabs, Inc. Tod Fusia, M.D., P.A., Mark Swierzewski M.D., P.A., and  
Tod Fusia & Mark Swierzewski, MD's, P.A.  
Ref. Number: P09000102229

Dear Sir or Madam;

Pursuant to your letter of August 25, 2010, a copy of which is enclosed, please find a Signed Registered Agent Designation. If you have any questions or concerns please contact our office.

With Kindest Regards,



Jordan Howard  
Legal Assistant

/jh  
Enclosures

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: TOD FUSIA & MARK SWIERZEWSKI, MD'S, P.A.

2. The principal office address: 2822 W. VIRGINIA AVE, TAMPA FL 33607

3. The mailing address (if different): 2822 W. VIRGINIA AVE, TAMPA FL 33607 (Please update)

4. Date of incorporation/qualification: 01/07/2000 Document number: P00000002434

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

ROBBINS EQUITAS, P.A.

2639 DR. MLK JR. ST. NORTH

ST. PETERSBURG FL 33704

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Anderson Pinkard, P.A.

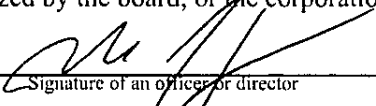
13577 Feather Sound Drive, Suite 670

P.O. Box NOT acceptable

Clearwater, FL 33762-5532

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an officer or director

Mark Swierzewski, M.D., President

Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
\_\_\_\_\_  
Signature of Registered Agent

8/21/00  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

Daniel W. Anderson, Esq.

Typed or Printed Name

**\*\*\* FILING FEE: \$35.00 \*\*\***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)

**FILED**  
2000 SEP - 3 P 2:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA