

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000002434

FILED
Apr 30, 2003
Secretary of State

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

Current Principal Place of Business:

4302 N. HABANA AVE. #200
TAMPA, FL 33607

New Principal Place of Business:

2822 W. VIRGINIA AVE
TAMPA, FL 33607 US

Current Mailing Address:

16202 WEST COURSE DRIVE
TAMPA, FL 33624

New Mailing Address:

3903 NORTHDAL BLVD
SUITE 100W
TAMPA, FL 33624 US

FEI Number: 59-3616490

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOND, TRAVIS
16202 WEST COURSE DR
TAMPA, FL 33624 US

Name and Address of New Registered Agent:

BOND, TRAVIS
3903 NORTHDAL BLVD
SUITE 10W
TAMPA, FL 33624 US

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: TRAVIS BOND

04/30/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BOND, TRAVIS L
Address: 4302 N. HABANA AVE. #200
City-St-Zip: TAMPA, FL 33607

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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

04/30/2003

Electronic Signature of Signing Officer or Director

Date