

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90095 021 ***150.00

DOCUMENT # P02000054126

1. Entity Name

SUZANNE R. SWIETNICKI, M.D., P.A.



Principal Place of Business

1829 AVONDALE CIRCLE

JACKSONVILLE FL 32205

Mailing Address

1829 AVONDALE CIRCLE

JACKSONVILLE FL 32205

2. Principal Place of Business

8833 Perimeter Park Blvd

3. Mailing Address

Suite, Apt. #, etc.

102

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Zip

32216

Country

USA

Zip

Country

4. FEI Number

75-3054933

Applied For

Not Applicable

5. Certificate of Status Desired: ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SWIETNICKI, SUZANNE R M.D.

1829 AVONDALE CIRCLE

JACKSONVILLE FL 32205

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE DATE 01-14-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **President** ☐ Delete
NAME **Suzanne R. Swietnicki, MD**
STREET ADDRESS **1829 Avondale Circle**
CITY-ST-ZIP **Jacksonville FL 32205**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-14-03

Date

904 384 7617

Daytime Phone #

CR2E034 (10/02)