


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 26, 2004 8:00 am**  
**Secretary of State**

03-26-2004 90029 018 \*\*\*150.00

<b>DOCUMENT # P97000046779</b>	
1. Entity Name JOHN J. DABROWSKI, PH.D., P.A.	

Principal Place of Business 14495 BRUCE B. DOWNS BLVD. SUITE 150 TAMPA, FL 33613	Mailing Address 14495 BRUCE B. DOWNS BLVD. SUITE 150 TAMPA, FL 33613
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2. Principal Place of Business <b>14495 BRUCE B. DOWNS BLVD</b>	3. Mailing Address <b>14495 BRUCE B. DOWNS BLVD</b>
Suite, Apt. #, etc. <b>*NO SUITE NUMBER</b>	Suite, Apt. #, etc.

City & State <b>TAMPA, FL</b>	City & State <b>TAMPA FL</b>
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Zip <b>33613</b>	Country <b>USA</b>	Zip <b>33613</b>	Country <b>USA</b>
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03072004 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3448924</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>STULL, R J ESQ. 602 SOUTH BLVD. TAMPA, FL 33606</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DABROWSKI, JOHN J		NAME	
STREET ADDRESS 14495 BRUCE B. DOWNS BLVD.		STREET ADDRESS	
CITY-ST-ZIP TAMPA, FL 33613		CITY-ST-ZIP	
TITLE PVT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DABROWSKI, JOHN J		NAME	
STREET ADDRESS 14495 BRUCE B. DOWNS BLVD.		STREET ADDRESS	
CITY-ST-ZIP TAMPA, FL 33613		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: John J. Dabrowski PhD John J. Dabrowski PhD 3-22-04 (813) 978-3900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #