


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90057 013 ***150.00

DOCUMENT # P97000046779			
1. Entity Name JOHN J. DABROWSKI, PH.D., P.A.			
Principal Place of Business 14495 BRUCE B. DOWNS BLVD. TAMPA, FL 33613		Mailing Address 14495 BRUCE B. DOWNS BLVD. SUITE 150 TAMPA, FL 33613	
2. Principal Place of Business		3. Mailing Address SAME WITH EXCEPTION BELOW	
Suite, Apt. #, etc.		Suite, Apt. #, etc. * There is NO SUITE NUMBER please delete suite 150	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3448924		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
STULL, R J ESQ. 602 SOUTH BLVD. TAMPA, FL 33606		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: <u>John J. Dabrowski, Ph.D.</u>		DATE: <u>3-21-05</u>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DABROWSKI, JOHN J 14495 BRUCE B. DOWNS BLVD. TAMPA, FL 33613 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS DABROWSKI, JOHN J 14495 BRUCE B. DOWNS BLVD. TAMPA, FL 33613 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>John J. Dabrowski, Ph.D.</u>		DATE: <u>3-21-05</u>	
Signature and typed or printed name of signing officer or director		Date Daytime Phone #	