

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90165 006 ***150.00

DOCUMENT # P97000046779

1. Entity Name
JOHN J. DABROWSKI, PH.D., P.A.



Principal Place of Business
**10500 UNIVERSITY CENTER DRIVE
SUITE 150
TAMPA FL 33612**

Mailing Address
**10500 UNIVERSITY CENTER DRIVE
SUITE 150
TAMPA FL 33612**



2. Principal Place of Business
14495 Bruce B. Downs Blvd.
Suite, Apt. #, etc.

3. Mailing Address
14495 Bruce B. Downs Blvd.
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Tampa, FL

City & State
Tampa, FL

4. FEI Number **59-3448924**

Applied For
 Not Applicable

Zip **33613**

Country
USA

Zip **33613**

Country
USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**STULL, R J ESQ.
602 SOUTH BLVD.
TAMPA FL 33606**

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 *John J. Dabrowski Ph.D. P.A.* **John J. Dabrowski Ph.D.P.A., President** **4-3-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** Delete
NAME **DABROWSKI, JOHN J**
STREET ADDRESS **10500 UNIVERSITY CNTR DR STE 150**
CITY-ST-ZIP **TAMPA FL 33612**

TITLE **D** Change Addition
NAME **DABROWSKI, JOHN J**
STREET ADDRESS **14495 Bruce B. Downs Blvd.**
CITY-ST-ZIP **Tampa FL 33613**

TITLE **PVTS** Delete
NAME **DABROWSKI, JOHN J**
STREET ADDRESS **10500 UNIVERSITY CNTR DR STE 150**
CITY-ST-ZIP **TAMPA FL 33612**

TITLE **PVTS** Change Addition
NAME **DABROWSKI, JOHN J**
STREET ADDRESS **14495 Bruce B. Downs Blvd.**
CITY-ST-ZIP **Tampa FL 33613**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
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)(l), 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 Ph.D. P.A.* **JOHN J. Dabrowski Ph.D.P.A., President** **4-3-03** **(813)978-3900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)