

P 99000051088

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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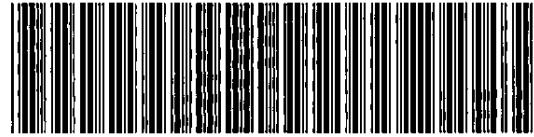
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

RA Change
News
9-3-10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MARK SWIERZEWSKI, M.D., P.A.
Name of Corporation

DOCUMENT NUMBER: P99000051088

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Daniel W. Anderson, Esq.
Name of Contact Person

Anderson Pinkard, P.A.
Firm/Company

13577 Feather Sound Drive, Suite 670
Address

Clearwater, FL 33762-5532
City/State and Zip Code

danderson@floridalawpartners.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel W. Anderson, Esq. at (727) 329-1999
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 25, 2010

DANIEL W. ANDERSON, ESQ.
ANDERSON PINKARD, P.A.
13577 FEATHER SOUND DRIVE, SUITE 670
CLEARWATER, FL 33762-5531

SUBJECT: REVITALABS, INC, TOD FUSIA, M.D., P.A., MARK SWIERZEWSKI,
M.D., P.A., and TOD FUSIA & MARK SWIERZEWSKI, MD'S, P.A.
Ref. Number: P09000102229

We have received your document for REVITALABS, INC, TOD FUSIA, M.D.,
P.A., MARK SWIERZEWSKI, M.D., P.A., and TOD FUSIA & MARK
SWIERZEWSKI, MD'S, P.A. and check(s) totaling \$140.00. However, the
enclosed document has not been filed and is being returned to you for the
following reason(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or
your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call
(850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 410A00020452

RECEIVED
2010 SEP -3 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: MARK SWIERZEWSKI, M.D., P.A.
2. The principal office address: 2822 W. VIRGINIA AVE, TAMPA FL 33607
3. The mailing address (if different): 2822 W. VIRGINIA AVE, TAMPA FL 33607 (Please update)
4. Date of incorporation/qualification: 06/07/1999 Document number: P99000051088
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

ROBBINS EQUITAS, P.A.

2639 DR. MLK JR. ST. NORTH

ST. PETERSBURG FL 33704

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Anderson Pinkard, P.A.

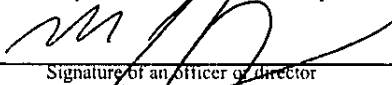
13577 Feather Sound Drive, Suite 670

P.O. Box NOT acceptable

Clearwater, FL 33762-5532

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.




Signature of an officer or director

Mark Swierzewski, M.D., President

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.



Signature of Registered Agent

9/31/10

Date

If signing on behalf of an entity:

Daniel W. Anderson, Esq.

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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