

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000129778

**Entity Name:** EWELINA KALINOWSKA - SZYSZKA, D.D.S., P.A.

**Current Principal Place of Business:**

510 E. TARPON AVE  
TARPON SPRINGS, FL 34689

**Current Mailing Address:**

510 E. TARPON AVE  
TARPON SPRINGS, FL 34689 US

**FEI Number:** 20-1610252

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KALINOWSKA - SZYSZKA, EWELINA DDS  
1434 WATERMILL CIR  
TARPON SPRINGS, FL 34689 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title PD  
Name KALINOWSKA - SZYSZKA, EWELINA  
DDS  
Address 1434 WATERMILL CIR  
City-State-Zip: TARPON SPRINGS FL 34869

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** EWELINA KALINOWSKA-SZYSZKA

**OFFICER**

**02/28/2016**

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date