

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000071773

**Entity Name:** HARRY M. KOSLOWSKI, M.D., P.A.

**Current Principal Place of Business:**

3599 UNIVERSITY BLVD., SOUTH, STE. 601  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

3599 UNIVERSITY BLVD., SOUTH, STE. 601  
JACKSONVILLE, FL 32216

**FEI Number:** 43-1976710

**Certificate of Status Desired:** No

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

AKEL, EDWARD C  
1 INDEPENDENT DR., STE. 2301  
JACKSONVILLE, FL 32202 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 DR  
Name KOSLOWSKI, HARRY M  
Address 3599 UNIVERSITY BLVD., SOUTH,  
STE. 601  
City-State-Zip: JACKSONVILLE FL 32216

*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:** HARRY KOSLOWSKI

OWNER

04/21/2016

Electronic Signature of Signing Officer/Director Detail

Date