

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

①

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 625993**

**(1)**

1. Corporation Name

**RICHARD E. KOWALSKY, M.D., P.A.**

Principal Place of Business

**1500 N.W. 10TH AVE  
SUITE 203  
BOCA RATON FL 33486**

Mailing Address

**1500 N.W. 10TH AVE  
SUITE 203  
BOCA RATON FL 33486**

**FILED**  
**97 SEP -2 AM 9:07**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/14/1979** 3a. Date of Last Report **05/01/1996**

4. FEI Number **59-1909409** Applied For ☐ Not Applicable ☐

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

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**25** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

**30** Country

9. Name and Address of Current Registered Agent

**KOWALSKY, RICHARD E.  
1500 N.W. 10TH AVE  
SUITE 203  
BOCA RATON FL 33486**

10. Name and Address of New Registered Agent

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL**

**85** Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

**TITLE PD  
NAME KOWALSKY, RICHARD E.  
STREET ADDRESS 7021 MALLORCA CRESCENT  
CITY-ST-ZIP BOCA RATON FL**

☐ DELETE

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY-ST-ZIP**

☐ DELETE

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY-ST-ZIP**

☐ DELETE

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY-ST-ZIP**

☐ DELETE

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**900002284589-8**  
**-09/04/97--01050--002**  
**\*\*\*\*165.00 \*\*\*\*165.00**

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

CR2E034 (4/97)

(2)

RICHARD E. KOWALSKY, M.D., F.A.C.O.G.  
OBSTETRICS & GYNECOLOGY

1500 NORTHWEST 10TH AVENUE, SUITE 203  
BOCA RATON, FLORIDA 33486  
561 • 392 • 4477

July 28, 1997

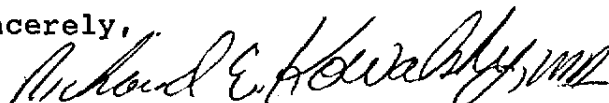
Divisions of Corporations  
Annual Reports Section  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Dear Sir:

Please be advised that I never received a first request for  
The Annual Report. As a result of this, I am asking that  
the fee be waived.

If you have any questions please call me at (561)392-4478.

Sincerely,

  
Richard E. Kowalsky, M.D.