2001 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # 625993** 1. Entity Name RICHARD E. KOWALSKY, M.D., P.A. Principal Place of Business Mailing Address 1500 N.W. 10TH AVE 1500 N.W. 10TH AVE SUITE 203 SUITE 203 BOCA RATON FL 33486 BOCA RATON FL 33486 3. Mailing Address 2. Principal Place of Business Suite. Apt. #. etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Country 6. Name and Address of Current Registered Agent Name KOWALSKY, RICHARD E Street Address (P.O. Box Number is Not Acceptable) 1500 N.W. 10TH AVE SUITE 203 **BOCA RATON FL 33486** City 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so After MAY 1, 2001 Fee will be \$550.00 (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11, 12. PD TITLE ☐ Delete TITLE KOWALSKY, RICHARD E NAME NAME STREET ADDRESS 7021 MALLORCA CRESCENT STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL** CITY-ST-ZIP

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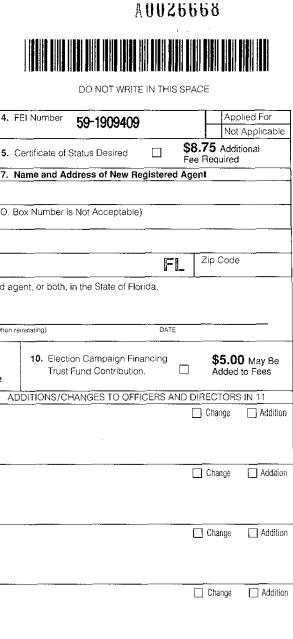
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO