**FILE NOW: FILING FEE AFTER MAY 1 IS $550.00**

FILED
May 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # [illegible] (1) 694009

1. Corporation Name
MICHAEL LUKOWSKI M.D.,P.A.

[redacted]

Principal Place of Business
6440 W.NEWBERRY RD
SUITE 502
Gainesville, FL 32605

Mailing Address
6440 W Newberry Rd.
Suite 502
Gainesville, FL 32605

2. Principal Place of Business
21
Suite, Apt. # etc
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. # etc
27
City & State
28
Zip 29 County 30

3. Date Incorporated or Qualified: 07/01/81
3a. Date of Last Report: 05/01/1996
4. FEI Number: 59-2102558
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 has liability for emergency excise tax under s. 194.032, Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
Lukowski, Michael J.
6440 W Nowborry Rd. suite 502
Gainesville, FL 32605-4378

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 Section [illegible] 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 [illegible], Florida Statutes.

SIGNATURE: [illegible]

| 12. OFFICER AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
|---|---|---|
| TITLE | P ☐ DELETE | ☐ Change ☐ Addition |
| NAME | LUKOWSKI, MICHAEL J. | |
| STREET ADDRESS | 2200 NW 24TH ST | |
| CITY-ST-ZIP | GAINESVILLE FL | |
| TITLE | D ☐ DELETE | ☐ Change ☐ Addition |
| NAME | LUKOWSKI, JUDITH A. | |
| STREET ADDRESS | 2200 NW 24TH ST. | |
| CITY-ST-ZIP | GAINESVILLE FL | |
| TITLE | ☐ DELETE | ☐ Change ☐ Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | ☐ DELETE | ☐ Change ☐ Addition |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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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 report or supplemental report is true and accurate and that my signature below authorizes this filing. It is also my legal affirmation 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 added by this report with my address.

**SIGNATURE:** [signature] MICHAEL LUKOWSKI 4-30-97 373-3440
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL
President
Date Telephone Number

0056696