


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 05, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G73389</b> 1. Entity Name MICHAEL DUCHOWNY, M.D., P.A.	
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Principal Place of Business  
3200 SW 60TH COURT  
#302  
MIAMI, FL 33155

Mailing Address  
3200 SW 60TH COURT  
#302  
MIAMI, FL 33155



02282007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2355517	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

DUCHOWNY, MICHAEL S.  
3200 S.W. 60 COURT  
MEDICAL OFFICE BLDG.,STE.302  
MIAMI, FL 33155

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when restate)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

UN00000655743  
03/13/07-80118-016 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	PSD
NAME	DUCHOWNY, MICHAEL
STREET ADDRESS	3200 SW 60TH CT SUITE 302
CITY- ST- ZIP	MIAMI, FL 33155

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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NAME	
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CITY- ST- ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Michael Duchowny, MD* 2/28/07 305-662-8330