

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L77641

FILED
Jan 17, 2009
Secretary of State

Entity Name: LEWIS M. TOWSKY, DDS, P.A.

Current Principal Place of Business:

1369 S. MILITARY TRAIL
DEERFIELD BEACH, FL 33442

New Principal Place of Business:

Current Mailing Address:

LAWIS M. TOWSKY
1369 S. MILITARY TRAIL
DEERFIELD BEACH, FL 33442

New Mailing Address:

1369 S. MILITARY TRAIL
DEERFIELD BEACH, FL 33442

FEI Number: 59-3016781

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOWSKY, LEWIS M.
1369 S. MILITARY TR
DEERFIELD BEACH, FL 33442 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TOWSKY, LEWIS M.,
Address: 1369 S. MILITARY TR
City-St-Zip: DEERFIELD BEACH, FL

Title: PST () Delete
Name: TOWSKY, LEWIS M.,
Address: 1369 S. MILITARY TR
City-St-Zip: DEERFIELD BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LEWIS TOWSKY

D

01/17/2009

Electronic Signature of Signing Officer or Director

_____ Date