

FILED
Apr 10, 2008 08:00 A
Secretary of State

1. Entity Name
FRANK LACHOWSKY, M.D., P.A.



41 FAIRPOINT DRIVE
SUITE F
GULF BREEZE, FL 32561 US

4. FEI Number 59-3715023	Applied For
	Not Applicable

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

LACHOWSKY, FRANK
41 FAIRPOINT DR
SUITE F
GULF BREEZE, FL 32561

**DO NOT WRITE
IN THIS SPACE**

DATE _____

\$5.00 May Be
Added to Fees

TITLE	D
NAME	LACHOWSKY, FRANK
STREET ADDRESS	2734 SUNRUNNER LANE
CITY - ST - ZIP	GULF BREEZE, FL 32561
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000890882
04/23/08-80003-015 150.00

**DO NOT WRITE
IN THIS SPACE**

SIGNATURE: F. Lachowsky F. LACHOWSKY 3-31-2008 (850) 432-9434

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #