2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000040640

1. Entity Name

FRANK LACHOWSKY, M.D., P.A.

Principal Place of Business

41 FAIRPOINT DRIVE

SUITE F

GULF BREEZE, FL 32561 US Mailing Address

41 FAIRPOINT DRIVE

SUITE F

GULF BREEZE, FL 32561

US

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



03262008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3715023

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

850)4329434

6. Name and Address of Current Registered Agent

LACHOWSKY, FRANK 41 FAIRPOINT DR SUITE F

SIGNATURE

GULF BREEZE, FL 32561

DO	NOT	WRIT	Ė
IN	THIS	SPACI	E

1110 02794	and a regional agent,					
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE						
			tion Campaign Financing \$5.00 May Be Added to Fees		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS				U00000890882 · .
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LACHOWSKY, FRANK 2734 SUNRUNNER LANE GULF BREEZE, FL 32561		•			04/23/08-80003-015 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				•		
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NAME STREET ADDRESS CITY-ST-ZIP				•	DO	NOT WRITE
TITLE NAME STREET ADDRESS CHY-ST-ZIP					in "	THIS SPACE
TITLE NAME STREET ADDRESS	,					
CITY-ST-ZIP						$(x_{i+1}, x_{i+1}, \dots, x_{i+1}, \dots, x_{i+1}, \dots, x_{i+1})$
TITLE NAME STREET ADDRESS CITY STATIS		·				

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 of trustee empewered 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.

NG OFFICER OR DIRECTOR

F. LACHEL

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