

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000037213 (4)

1. Corporation Name

FRANK J. FALOWSKI, D.C., M.D., P.A.



Principal Place of Business

Mailing Address

4221 NORTH STATE ROAD 7
LAUDERDALE LAKES FL 33319

4221 NORTH STATE ROAD 7
LAUDERDALE LAKES FL 33319

3. Date Incorporated or Qualified
05/24/1993

3a. Date of Last Report
05/23/1995

21. Principal Place of Business
4221 N State Rd 7
Suite, Apt. #, etc.

2a. Mailing Address
4221 N State Rd 7
Suite, Apt. #, etc.

4. FEI Number
65-0416994

Applied For
Not Applicable

22. City & State
Laud. Lakes FL

27. City & State
Laud. Lakes FL

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

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23. Zip
33319

28. Zip
33319

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

24. Country
D.C.

29. Country
D.C.

10. Name and Address of New Registered Agent

FALOWSKI, FRANCIS J.
4221 N STATE RD. 7
LAUDERDALE LAKES FL 33319

STATE

81. Name
DR FRANK J FALOWSKI

82. Street Address (P.O. Box Number is Not Acceptable)

83. 4221 N State Rd 7

84. City
Laud. Lakes FL

85. Zip
33319

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent of record 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 607.0505, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

1-18-96

12. OFFICERS AND DIRECTORS

1. NAME
D FALOWSKI, FRANCIS J
2. STREET ADDRESS
4221 N. STATE RD. 7
3. CITY - ST - ZIP
LAUDERDALE LAKES FL 33319

4. NAME
5. STREET ADDRESS
6. CITY - ST - ZIP

7. NAME
8. STREET ADDRESS
9. CITY - ST - ZIP

10. NAME
11. STREET ADDRESS
12. CITY - ST - ZIP

13. NAME
14. STREET ADDRESS
15. CITY - ST - ZIP

16. NAME
17. STREET ADDRESS
18. CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 this 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 change is made on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-18-96

(205) 676-5500

CR2E034 (12/95)