

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 07, 2003 8:00 am
Secretary of State

07-07-2003 90145 021 ***558.75

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DOCUMENT # P93000041176

1. Entity Name

RICHARD M. COWIN, D.P.M., P.A.



Principal Place of Business

**13940 US 441
BUILDING 100
LADY LAKE FL 32159
US**

Mailing Address

**13940 US 441
BUILDING 100
LADY LAKE FL 32159
US**

2. Principal Place of Business

13940 US 441

3. Mailing Address

13940 US 441

Suite, Apt. #, etc.

Suite # 102

Suite, Apt. #, etc.

Suite # 102

City & State

Lady Lake, FL

City & State

Lady Lake, FL

Zip

32159

Country

USA

Zip

32159

Country

USA

4. FEI Number

65-0416474

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KRAMER, ROBERT M
4000 HOLLYWOOD BLVD
SUITE 485 SOUTH
HOLLYWOOD FL 33021**

7. Name and Address of New Registered Agent

Name

Dr. Richard M. Cowin

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

13940 US 441

Suite # 102

City

Lady Lake

FL

Zip Code

32159

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 reinstating)

[Signature]

Dr. Richard M. Cowin

July 3, 2003

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
COWIN, RICHARD M
412 GREENBRIER AVENUE
CELEBRATION FL 34747**

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 an other like empowered.

SIGNATURE:

[Signature]
Dr. Richard M. Cowin

July 3, 2003 352.750.6855

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)