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FILED
May 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000010131 (5)

1. Corporation Name

FELICE I. KOSCINSKI, M.D., P.A.



Principal Place of Business

~~600 IRONWOOD DR. #834~~
PONTE VEDRA BEACH FL 32082

Mailing Address

~~600 IRONWOOD DR. #834~~
PONTE VEDRA BEACH FL 32082

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/01/1997

4. FEI Number

59-3424413-641812

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

744 PALMERA DR. E.

Suite, Apt. #, etc.

27

City & State

28

PONTE VEDRA FL

29

32082-2404

Country

ST. JOHNS

9. Name and Address of Current Registered Agent

KOSCINSKI, FELICE I

~~600 IRONWOOD DR. #834~~ 744 PALMERA DR. E.
PONTE VEDRA BEACH FL 32082 ~~PONTE VEDRA FL~~
32082-2404

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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, or both, 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 FELICE I. KOSCINSKI

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/98

12. OFFICERS AND DIRECTORS

TITLE ~~PRESIDENT~~ ☐ DELETE

NAME ~~FELICE I. KOSCINSKI, M.D.~~

STREET ADDRESS ~~744 PALMERA DR. E.~~ OPP S.

CITY-ST-ZIP ~~PONTE VEDRA, FL 32082-2404~~

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ~~PRESIDENT~~ ☒ Change ☐ Addition

1.2 NAME ~~FELICE I. KOSCINSKI, M.D.~~

1.3 STREET ADDRESS ~~744 PALMERA DR. E.~~

1.4 CITY-ST-ZIP ~~PONTE VEDRA, FL 32082-2404~~

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 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 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

4/27/98

only 285-9166

CR2E034 (10/97)