

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # V62748

1. Entity Name
THOMAS F. BENDOWSKI, M.D., P.A.



Principal Place of Business
**6480 W. GULF TO LAKE HWY
CRYSTAL RIVER, FL 34429 US**

Mailing Address
**PO BOX 637
CRYSTAL RIVER, FL 34423 US**



01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3152576

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BENDOWSKI, THOMAS F.
6480 W. GULF LAKE HWY
CRYSTAL RIVER, FL 34429**

**DO NOT WRITE
IN THIS SPACE**

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be
Added to Fees**

1100000458631
03/17/06-80048-010 150.00

10. OFFICERS AND DIRECTORS

TITLE
D
NAME
BENDOWSKI, THOMAS F. MD
STREET ADDRESS
P.O. BOX 637
CITY-ST-ZIP
CRYSTAL RIVER, FL

TITLE
V
NAME
BENDOWSKI, LYNETTE S
STREET ADDRESS
P.O. BOX 637
CITY-ST-ZIP
CRYSTAL RIVER, FL 34423

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 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 all other like empowered.

SIGNATURE: *Lynette S Bendowski*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-06
Date

352-795-4422
Daytime Phone #