

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000043532

FILED
Apr 04, 2007
Secretary of State

Entity Name: CHARLOTTE D. OWENS, M.D., P.A.

Current Principal Place of Business:

13840 BELLETERRE DRIVE
ALPHARETTA, GA 30004

New Principal Place of Business:

13840 BELLETERRE DRIVE
ALPHARETTA, GA 30004

Current Mailing Address:

13840 BELLETERRE DRIVE
ALPHARETTA, GA 30004

New Mailing Address:

13840 BELLETERRE DRIVE
ALPHARETTA, GA 30004

FEI Number: 01-0660503

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEAN MEAD SERVICES, LLC
800 N. MAGNOLIA AVENUE, SUITE 1500
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: OWENS, CHARLOTTE D M.D.
Address: 13840 BELLETERRE DRIVE
City-St-Zip: ALPHARETTA, GA 30004

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLOTTE D. OWENS, M.D.

PRES

04/04/2007

Electronic Signature of Signing Officer or Director

Date