

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 471412

FILED  
Jan 05, 2004  
Secretary of State

Entity Name: LOWELL E. CLARK, M.D., P.A.

**Current Principal Place of Business:**

1683 JENSEN BCH BLVD  
JENSEN BEACH, FL 349577229

**New Principal Place of Business:**

**Current Mailing Address:**

1683 JENSEN BCH BLVD  
JENSEN BEACH, FL 349577229

**New Mailing Address:**

FEI Number: 59-1575554

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CLARK, LOWELL E.  
1683 NE COMMERCIAL  
JENSEN BEACH, FL 33457

**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: PD ( ) Delete  
Name: CLARK, LOWELL E.,  
Address: 1683 JENSEN BCH BLVD  
City-St-Zip: JENSEN BCH, FL

**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 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 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: LOWELL E. CLARK

DR.

01/05/2004

Electronic Signature of Signing Officer or Director

Date