

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 471412

**FILED**  
**Jan 15, 2005**  
**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:**

4225 S.E. CENTERBOARD LANE  
STUART, FL 34997 US

**Current Mailing Address:**

1683 JENSEN BCH BLVD  
JENSEN BEACH, FL 349577229

**New Mailing Address:**

4225 SE CENTERBOARD LANE  
STUART, FL 34997 US

**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 US

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

CLARK, LOWELL E.  
4225 SE CENTERBOARD LANE  
STUART, FL 34997 US

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:**

01/15/2005

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:** PD (X) Change ( ) Addition  
**Name:** CLARK, LOWELL E.,  
**Address:** 4225 SE CENTERBOARD LANE  
**City-St-Zip:** STUART, FL 34997 US

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, M.D.

PD

01/15/2005

Electronic Signature of Signing Officer or Director

Date