

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TAMARA B. MATHIAS
Secretary of State
Tallahassee, Florida 32399-0001

**APPROVED
AND
FILED**

55 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 588671

(8)

1. Corporation Name

THOMAS W. DOW, M.D., P.A.

(PRINT NAME) IN THIS SPACE

Principal Place of Business: **201 S ORANGE AVE STE 1000 ORLANDO FL 32801**
Mailing Address: **201 S ORANGE AVE STE 1000 ORLANDO FL 32801**

3. Date of Incorporation (or Reincorporation) 10/01/1978	3a. Date of Last Filing 04/18/1994
4. FEI Number 59-1845515	Applies For ☐ Yes ☒ No
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business 21	2a. Mailing Address 26
3. State App # on file 22	3a. State App # on file 27
4. City & State 23	4a. City & State 28
5. Zip 24	5a. Zip 29
6. Country 25	6a. Country 30

9. Name and Address of Current Registered Agent

**DOW, W THOMAS
201 S ORANGE AVE STE 1000
ORLANDO, FL
32801**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 607, 608, and 609, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office (or registered agent) in the State of Florida. Such change was authorized by the corporation's board of directors, and the appointment as registered agent is hereby accepted and approved by the corporation's board of directors.

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN '95	
NAME PTD DOW, THOMAS W 201 S ORANGE AVE STE. 1000 ORLANDO FL		NAME ☐ Change ☐ Addition	
STREET ADDRESS		STREET ADDRESS ☐ Change ☐ Addition	
CITY		CITY ☐ Change ☐ Addition	
STATE		STATE ☐ Change ☐ Addition	
ZIP		ZIP ☐ Change ☐ Addition	
NAME		NAME ☐ Change ☐ Addition	
STREET ADDRESS		STREET ADDRESS ☐ Change ☐ Addition	
CITY		CITY ☐ Change ☐ Addition	
STATE		STATE ☐ Change ☐ Addition	
ZIP		ZIP ☐ Change ☐ Addition	
NAME		NAME ☐ Change ☐ Addition	
STREET ADDRESS		STREET ADDRESS ☐ Change ☐ Addition	
CITY		CITY ☐ Change ☐ Addition	
STATE		STATE ☐ Change ☐ Addition	
ZIP		ZIP ☐ Change ☐ Addition	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in s. 199.032(4)(b), Florida Statutes. I further certify that the information included in 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 receive this report as required by Chapter 199, Florida Statutes, and that my name appears in Block 12 of Block 13 if changed or on an attachment with an address.

SIGNATURE: *Thomas W. Dow, M.D.* **per: [Signature]** **424 3/1995 407-422-0361**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR