

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 627412

FILED  
Jan 06, 2011  
Secretary of State

**Entity Name:** MITCHELL B. LOWENSTEIN, M.D., P.A.

**Current Principal Place of Business:**

32615 US HWY 19 NORTH  
STE 2  
PALM HARBOR, FL 34684

**New Principal Place of Business:**

**Current Mailing Address:**

32615 US HWY 19 NORTH  
STE 2  
PALM HARBOR, FL 34684

**New Mailing Address:**

FEI Number: 59-1925619

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GASSMAN, ALAN S ESQ.  
1245 COURT STREET  
SUITE 102  
CLEARWATER, FL 34684 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: LOWENSTEIN, MITCHELL B M.D.  
Address: 32615 U.S. HIGHWAY 19 NORTH, SUITE 2  
City-St-Zip: PALM HARBOR, FL 34684 US

I hereby 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 all other like empowered.

SIGNATURE: MITCHELL LOWENSTEIN

PD

01/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date