

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F02000001064

**Entity Name:** WADE L. LOWRY, M.D., P.A.

**FILED**  
**Feb 14, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1604 HOSPITAL PKY  
SUITE 101-102  
BEDFORD, TX 76022

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 120549  
ARLINGTON, TX 76012

**New Mailing Address:**

**FEI Number:** 75-1892395

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MARUNIAK, NICHOLAS A M.D.  
1314 SUMTER STREET, SUITE 5  
LEESBURG, FL 34748 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: PSCD  
Name: LOWRY, WADE L M.D.  
Address: 1604 HOSPITAL PKY, STE 101-102  
City-St-Zip: BEDFORD, TX 76022

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: WADE LOWRY, M.D.

PSCD

02/14/2011

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

\_\_\_\_\_  
Date