


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90143 025 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F46332			
1. Corporation Name LOWELL J. SHERRIS, M.D., P.A.			
Principal Place of Business 7465 N UNIV DR TAMARAC FL 33321 US		Mailing Address % MICHAEL N SCHNEIDER 4215 SOUTHPOINT BLVD. STE 100 JACKSONVILLE FL 32216-0999	
2. Principal Place of Business 21		2a. Mailing Address 26	
Suite, Apt. #, etc 22		Suite, Apt. #, etc 27	
City & State 23		City & State 28	
Zip 24		Zip 29	
Country 25		Country 30	
9. Name and Address of Current Registered Agent SCHNEIDER, MICHAEL N. 4215 SOUTHPOINT BLVD, STE 100 JACKSONVILLE FL 32216		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE Signature: typed or printed name of registered agent and title if applicable NOTE: Registered Agent signature required when re-instating. DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PST SHERRIS, LOWELL J. 7465 N UNIVERSITY DRIVE TAMARAC FL	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SHERRIS, LOWELL J. 7465 N UNIVERSITY DRIVE TAMARAC FL	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on 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 execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lowell Sherris, M.D.

Date

Daytime Phone #

2/18/99

(954) 722-9200

CR2E034 (11/98)