

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 30, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # H22958**

1. Entity Name  
G. DAVID LOWERY, D.O., P.A.



Principal Place of Business  
2039 INDIAN ROCKS RD.  
LARGO, FL 33774

Mailing Address  
212 HARBOR VIEW LANE  
LARGO, FL 33770

**DO NOT WRITE IN THIS SPACE**



01142007 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-2451136

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

LOWERY, G. DAVID  
212 HARBOR VIEW LANE  
LARGO, FL 34640

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
LOWERY, G. DAVID  
212 HARBOR VIEW LANE  
LARGO, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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CITY-ST-ZIP

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02/02/07-80065-005 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

DAVID LOWERY DO  
PRESIDENT

1/15/07

Date

(727) 584-7666

City/Phone #