

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H78907

FILED
Mar 04, 2009
Secretary of State

Entity Name: LOWELL A. ADKINS, M.D., P.A.

Current Principal Place of Business:

12361 S.W. 1ST ST.
PLANTATION, FL 33325 US

New Principal Place of Business:

3135 WEST ATLANTIC BLVD
SUITE 14 & 15
POMPANO BEACH, FL 33069 US

Current Mailing Address:

3135 W. ATL. BLVD., STE. 14 & 15
POMPANO BEACH, FL 33069 US

New Mailing Address:

3135 WEST ATLANTIC BLVD
SUITE 14 & 15
POMPANO BEACH, FL 33069 US

FEI Number: 59-2659087

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUTCHINSON, WILLIAM N JR
514 SE 7TH ST
FT LAUDERDALE, FL 33301 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ADKINS, LOWELL A M.D.
Address: 12361 S.W. 1ST ST.
City-St-Zip: PLANTATION, FL 33325 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LOWELL ADKINS, M.D.

P

03/04/2009

Electronic Signature of Signing Officer or Director

Date