

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J01790

FILED  
Jan 06, 2010  
Secretary of State

Entity Name: PETER J. LOWE, M.D., P.A.

**Current Principal Place of Business:**

4175 S. CONGRESS AVE  
SUITE V  
LAKE WORTH, FL 33461 US

**New Principal Place of Business:**

**Current Mailing Address:**

4175 S. CONGRESS AVE  
SUITE V  
LAKE WORTH, FL 33461 US

**New Mailing Address:**

FEI Number: 59-2642150      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LOWE, PETER J MD  
4175 S. CONGRESS AVE  
SUITE V  
LAKE WORTH, FL 33461 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: PST  
Name: LOWE, PETER J. M.D.  
Address: 4175 S. CONGRESS AVE  
City-St-Zip: LAKE WORTH, FL 33461 US

Title: VP  
Name: LOWE, ELAINE  
Address: 4175 S. CONGRESS AVE  
City-St-Zip: LAKE WORTH, FL 33461 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: CHERYL RODRIGUEZ

OM

01/06/2010

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

\_\_\_\_\_ Date