

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB - 1 AM 11: 27

DOCUMENT # **L13110** (6)

1. Corporation Name

HARRY M. LOWELL, M.D. & STAFF, P. A.

Principal Place of Business

Mailing Address

3677 CENTRAL AVE STE A
FT MYERS FL 33901

3677 CENTRAL AVE STE A
FT MYERS FL 33901

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/01/1989** 3a. Date of Last Report **02/17/1994**

4. FEI Number **65-0141025** Applied For Not Applicable

2. Principal Place of Business
21 **12700 CREEKSIDE LANE**

2a. Mailing Address
25 **12700 CREEKSIDE LANE**

Suite, Apt. #, etc.
22 **SUITE 101**

Suite, Apt. #, etc.
27 **SUITE 101**

City & State
23 **FORT MYERS, FL**

City & State
28 **FORT MYERS, FL**

Zip Country
24 **33919** 25 **LEE**

Zip Country
29 **33919** 30 **LEE**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUFFNER, CHARLES L ESQ
3001 SW 3RD AVE #100
MIAMI FL 33129-2799

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **LOWELL, HARRY M**
STREET ADDRESS **3677 CENTRAL AVE #A**
CITY - ST - ZIP **FT MYERS FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

12700 CREEKSIDE LANE # 101
FORT MYERS, FL 33919

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or employment 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 this 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.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/95

(813) 432-0774

HARRY M. LOWELL, M.D. - PRESIDENT

Date

Daytime Phone #