

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L13110 (6)

1. Corporation Name

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



Principal Place of Business

12700 CREEKSIDE LANE
SUITE 101
FORT MYERS FL 33919
US

Mailing Address

12700 CREEKSIDE LANE
SUITE 101
FORT MYERS FL 33919
US

3. Date Incorporated or Qualified
09/01/1989

3a. Date of Last Report
02/01/1995

2. Principal Place of Business

21 12995 S. CLEVELAND AVE

Suite, Apt. #, etc.

22 SUITE 219

City & State

23 FT. MYERS, FL

Zip

24 33907

Country

25 LEE

2a. Mailing Address

26 12995 S. CLEVELAND AVE

Suite, Apt. #, etc.

27 SUITE 219

City & State

28 FT. MYERS, FL

Zip

29 33907

Country

30 LEE

4. FEI Number

65-0141025

Applied For

Not Applicable

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

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

10. Name and Address of New Registered Agent

81 Name

THOMAS W. LEFFINGWELL

82 Street Address (P.O. Box Number is Not Acceptable)

12995 S. CLEVELAND AVE, SUITE 219

83

84 City

FORT MYERS

FL

85 Zip Code

33907

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

THOMAS W. LEFFINGWELL

THOMAS W. LEFFINGWELL

1/22/96

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

(NOTE: Registered Agent signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME LOWELL, HARRY M
STREET ADDRESS 12700 CREEKSIDE LANE SUITE 101
CITY-ST-ZIP FORT MYERS FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME LOWELL, HARRY M

1.3 STREET ADDRESS 12995 S. CLEVELAND AVE SUITE 219

1.4 CITY-ST-ZIP FORT MYERS, FL 33907

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/96

Date

941-939-7438

Daytime Phone

CR2E034 (12/95)