

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90026 041 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L13110

1. Corporation Name
HARRY M. LOWELL, M.D. & STAFF, P. A.



Principal Place of Business 12995 S. CLEVELAND AVE. SUITE 219 FORT MYERS FL 33907 US	Mailing Address 12995 S. CLEVELAND AVE SUITE 219 FORT MYERS FL 33907 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 12995 S. CLEVELAND AVE Suite, Apt. #, etc. 22 SUITE 251 City & State 23 FORT MYERS, FL Zip 24 33907	2a. Mailing Address 26 12995 S. CLEVELAND AVE Suite, Apt. #, etc. 27 SUITE 251 City & State 28 FORT MYERS, FL Zip 29 33907	Country 25 US Country 30 US
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3. Date Incorporated or Qualified 09/01/1989	4. FEI Number 65-0141025	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

LEFFINGWELL, THOMAS W
12995 S. CLEVELAND AVE.
SUITE 219
FORT MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name LEFFINGWELL, THOMAS W.	82 Street Address (P.O. Box Number is Not Acceptable) 12995 S. CLEVELAND AVE	83 SUITE 251	84 City FORT MYERS	85 Zip Code FL 33907
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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* 1/4/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when constituting)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	LOWELL, HARRY M	
STREET ADDRESS	12995 S. CLEVELAND AVE.	
CITY-ST-ZIP	FORT MYERS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LOWELL, HARRY M	
1.3 STREET ADDRESS	12995 S. CLEVELAND AVE, SUITE 251	
1.4 CITY-ST-ZIP	FORT MYERS, FL 33907	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: [Signature] 5/4/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/98)