

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001682

FILED  
Apr 21, 2004  
Secretary of State

**Entity Name:** TOWER PROFESSIONAL CENTER, INC.

**Current Principal Place of Business:**

74 TOWER ST  
LAKE PLACID, FL 33852 US

**New Principal Place of Business:**

**Current Mailing Address:**

409 PALZA AVE  
LAKE PLACID, FL 338529518 US

**New Mailing Address:**

**FEI Number:** 59-2246601

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NEWTON, DONALD S SR  
409 PLAZA AVE  
LAKE PLACID, FL 338529518 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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SANDERS, IRELAND E  
Address: 74 TOWER ST  
City-St-Zip: LAKE PLACID, FL 338525918

Title: STD ( ) Delete  
Name: NEWTON, DONALD S SR  
Address: 409 PLAZA AVE  
City-St-Zip: LAKE PLACID, FL 338525918

Title: VPD ( ) Delete  
Name: POLLARD, CAROL  
Address: 60 TOWER STREET  
City-St-Zip: LAKE PLACID, FL 338529518

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD S NEWTON SR

STD

04/21/2004

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

\_\_\_\_\_  
Date