

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 20, 2001 8:00 am
Secretary of State

07-31-2001 90236 049 ***550.00

DOCUMENT # P00000059468

1. Entity Name

CARY L. STOWE, M.D., P.A.

Principal Place of Business

**1180 PARK AVE.
WINTER PARK FL 32789**

Mailing Address

**1180 PARK AVE.
WINTER PARK FL 32789**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3653762

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STOWE, CARY L M.D.
1180 PARK AVE.
WINTER PARK FL 32789**

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
STOWE, CARY L M.D.
1180 PARK AVE.
WINTER PARK FL 32789** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 report or supplemental 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 11, or Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/01 (407) 896-7111

Date

Daytime Phone #

CR2E034 (5/01)



CARY L. STOWE, MD
CARDIOVASCULAR SURGERY

Phone: 407.896.7111
800.889.3064
Fax: 407.894.4018

Mailing Address:
P.O. Box 2706
Winter Park, FL 32790-2706

2320 N. Orange Avenue
Suite 201
Orlando, FL 32804

clstowe@msn.com

Cardiac
Thoracic
Vascular Surgery

attachment
DH# P00000059468

August 13, 2001

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Ref. # P00000059468

Dear Sir:

Enclosed is my form with my FEI number.

Respectfully yours,

Cary L. Stowe, MD