

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000059468

FILED
Jul 19, 2006
Secretary of State

Entity Name: CARY L. STOWE, M.D., P.A.

Current Principal Place of Business:

2320 N. ORANGE AVENUE
SUITE 201
ORLANDO, FL 32804

New Principal Place of Business:

1040 37TH PLACE
SUITE 101
VERO BEACH, FL 32960

Current Mailing Address:

P.O. BOX 2706
WINTER PARK, FL 32790

New Mailing Address:

P.O. BOX 643383
VERO BEACH, FL 32964

FEI Number: 59-3653762

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

STOWE, CARY L M.D.
1040 37TH PLACE
SUITE 101
VERO BEACH, FL 32960 US

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: CARY L. STOWE

07/19/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPTS () Delete
Name: STOWE, CARY L M.D.
Address: 1180 PARK AVE.
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPTS (X) Change () Addition
Name: STOWE, CARY L M.D.
Address: 1040 37TH PLACE, SUITE 101
City-St-Zip: VERO BEACH, FL 32960

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARY L. STOWE, MD

DPTS

07/19/2006

Electronic Signature of Signing Officer or Director

Date