

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000153482

FILED
May 06, 2005
Secretary of State

Entity Name: DOLORES K. LOWE, M.D., P.A.

Current Principal Place of Business:

504 FINGERLAKES PL
SEFFNER, FL 33584

New Principal Place of Business:

1601 W REYNOLDS ST
SUITE 203
PLANT CITY, FL 33563

Current Mailing Address:

504 FINGERLAKES PL
SEFFNER, FL 33584

New Mailing Address:

1601 W REYNOLDS
203
PLANT CITY, FL 33563

FEI Number: 68-0596880

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLORIDA INCORPORATORS, INC.
8875 HIDDEN RIVER PARKWAY
SUITE 300
TAMPA, FL 336372087 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

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: D () Delete
Name: LOWE, DOLORES K M.D.
Address: 504 FINGERLAKES PL
City-St-Zip: SEFFNER, FL 33584

Title: D () Delete
Name: LOWE, LARRY A
Address: 504 FINGERLAKES PL
City-St-Zip: SEFFNER, FL 33584

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LOWE, DOLORES K M.D.
Address: 508 W MCLENDON ST
City-St-Zip: PLANT CITY, FL 33563

Title: D (X) Change () Addition
Name: LOWE, LARRY A
Address: 508 W. MCLENDON ST
City-St-Zip: PLANT CITY, FL 33563

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOLORES K. LOWE MD

PREZ

05/06/2005

Electronic Signature of Signing Officer or Director

Date