2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 09, 2007 8:00 am DOCUMENT # P06000090502 **Secretary of State** 03-09-2007 90004 009 ***150.00 THOMAS R. ROWE GENERAL & ONCOLOGIC SURGERY Principal Place of Business Mailing Address 2055 MILITARY TRAIL 2055 MILITARY TRAIL SUITE 305 JUPITER FL 33458 SUITE 305 JUPITER FL 33458 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) 4. FEI Number 20-5152778 City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PASSARIELLO, JOHN **6466 NW 5TH WAY** FORT LAUDERDALE FL 33309 出い 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. the obligations 🖋 egistered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 _Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD HIII. HILL ☐ Change Delete ■ Addition ROWE, THOMAS M.D. NAME NAME 5387 PENNOCK POINTE ROAD STRUCT ADDRESS STREET ADDRESS JUPITER FL 33456 CITY ST-7IP CHY SLZIP TIFLE Delete ☐ Change Addition SCREET ADDRESS STREET ADDRESS CITY ST-ZIP CHY ST ZIP IIII ☐ Delete IIILS □ Change Addition NAME NAMI STREET ADDRESS STREET ADDRESS CHY-ST-Zip CITY ST 7IP ☐ Delete Change ☐ Addition NAMI NAME STREET ADDRESS STREET ADORESS CITY ST-7IP CHY St. ZIP TITLE ☐ Defete ☐ Change Addition DHE NAME NAMI STREET ADDRESS STRLET ADDRESS CHY S1-ZIE CHY SI-ZIP DALE ☐ Delete DILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 eath; 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED