


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000090502

1. Entity Name
THOMAS R. ROWE GENERAL & ONCOLOGIC SURGERY P.A.




Principal Place of Business Mailing Address

**2055 MILITARY TRAIL
 SUITE 305
 JUPITER, FL 33458**

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 SUITE 305
 JUPITER, FL 33458**

DO NOT WRITE IN THIS SPACE



01082008 No Chg-P CR2E034 (11/05)

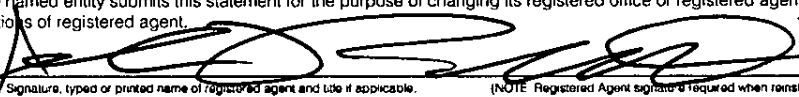
4. FEI Number 20-5152778	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PASSARIELLO, JOHN
 2953 W. CYPRESS CREEK RD.
 SUITE 101
 FORT LAUDERDALE, FL 33309**

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  **John Passariello** DATE: **1/8/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

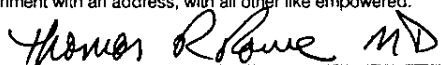
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROWE, THOMAS M.D. 5387 PENNOCK POINTE ROAD JUPITER, FL 33456
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 01/17/08-80065-010 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Thomas R Rowe MD** Date: **1/14/08** Daytime Phone #: **561-744 5907**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #