

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000090502

FILED  
Jan 19, 2009  
Secretary of State

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

**Current Principal Place of Business:**

2055 MILITARY TRAIL  
SUITE 305  
JUPITER, FL 33458

**New Principal Place of Business:**

**Current Mailing Address:**

2055 MILITARY TRAIL  
SUITE 305  
JUPITER, FL 33458

**New Mailing Address:**

FEI Number: 20-5152778      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ROWE, THOMAS M.D.  
Address: 5387 PENNOCK POINTE ROAD  
City-St-Zip: JUPITER, FL 33456

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: ROWE, THOMAS M.D.  
Address: 5387 PENNOCK POINTE ROAD  
City-St-Zip: JUPITER, FL 33458

I hereby certify that the information supplied with this filing does not qualify 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: THOMAS R. ROWE

PRES

01/19/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date