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FILED

Jan 22 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P92000010695 (4)

1. Corporation Name

DANIEL H. ROWE, M.D., P.A.

Principal Place of Business

180 CITRUS AVE.  
BOYNTON BCH. FL 33436  
US

Mailing Address

180 CITRUS AVE.  
BOYNTON BCH. FL 33436-1827  
US



3. Date Incorporated or Qualified  
12/01/1992

3a. Date of Last Report  
02/27/1996

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number

65-0377480

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

ROWE, DANIEL H MD  
180 CITRUS AVE  
BOYNTON BEACH FL 33436

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME ROWE, DANIEL H  
STREET ADDRESS 180 CITRUS AVE.  
CITY - ST - ZIP BOYNTON BCH. FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11.1 TITLE ☐ Change ☐ Addition

12.1 NAME ☐ Change ☐ Addition

13.1 STREET ADDRESS ☐ Change ☐ Addition

14.1 CITY - ST - ZIP ☐ Change ☐ Addition

21.1 TITLE ☐ Change ☐ Addition

22.1 NAME ☐ Change ☐ Addition

23.1 STREET ADDRESS ☐ Change ☐ Addition

24.1 CITY - ST - ZIP ☐ Change ☐ Addition

31.1 TITLE ☐ Change ☐ Addition

32.1 NAME ☐ Change ☐ Addition

33.1 STREET ADDRESS ☐ Change ☐ Addition

34.1 CITY - ST - ZIP ☐ Change ☐ Addition

41.1 TITLE ☐ Change ☐ Addition

42.1 NAME ☐ Change ☐ Addition

43.1 STREET ADDRESS ☐ Change ☐ Addition

44.1 CITY - ST - ZIP ☐ Change ☐ Addition

51.1 TITLE ☐ Change ☐ Addition

52.1 NAME ☐ Change ☐ Addition

53.1 STREET ADDRESS ☐ Change ☐ Addition

54.1 CITY - ST - ZIP ☐ Change ☐ Addition

61.1 TITLE ☐ Change ☐ Addition

62.1 NAME ☐ Change ☐ Addition

63.1 STREET ADDRESS ☐ Change ☐ Addition

64.1 CITY - ST - ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Daniel H. Rowe, MD PA* Daniel H. Rowe, MD PA 1/6/97 (561) 732-2677  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)