

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90171 010 ***150.00

DOCUMENT # P94000069056

1. Corporation Name
ELIZABETH H. LOWE, M.D., P.A.

Principal Place of Business
% DR. ELIZABETH H. LOWE
7530 CONGRESS STREET
NEW PORT RICHEY FL 34653

Mailing Address
% DR. ELIZABETH H. LOWE
7530 CONGRESS STREET
NEW PORT RICHEY FL 34653

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/20/1994

4. FEI Number
59-3263356

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business
21 Gulf Coast Medical Center
Suite, Apt. #, etc.

2a. Mailing Address
26 8712 Cessna Drive
Suite, Apt. #, etc.

22 11528 U.S. Hwy. 19
City & State

27
City & State

23 Port Richey, FL

28 New Port Richey, FL

24 Zip 34668 Country
25 Pasco

29 Zip 34654 Country
30 Pasco

9. Name and Address of Current Registered Agent

LOWE, ELIZABETH H
7530 CONGRESS STREET
NEW PORT RICHEY FL 34653

10. Name and Address of New Registered Agent

81 Name
Elizabeth H. Lowe

82 Street Address (P.O. Box Number is Not Acceptable)
8712 Cessna Drive

83

84 City New Port Richey FL 85 Zip Code 34654

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 DP
NAME LOWE, ELIZABETH H
STREET ADDRESS 7530 CONGRESS STREET
CITY-ST-ZIP NEW PORT RICHEY FL 34653

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME Dr Elizabeth Lowe MD
1.3 STREET ADDRESS 8712 Cessna Drive
1.4 CITY-ST-ZIP New Port Richey, FL 34654

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 19, 99 727 868 2151
Date Daytime Phone #

CR2E034 (11/98)

0493502