

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 29, 1999 8:00 am
Secretary of State

04-29-1999 90072 020 ***150.00

DOCUMENT # P96000057038

1. Corporation Name

THE HANDPIECE DOCTOR, INC.



Principal Place of Business

2 GRIZZLY BEAR PATH
ORMAND BEACH FL 32175

Mailing Address

2 GRIZZLY BEAR PATH
ORMAND BEACH FL 32175

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/03/1996

4. FEI Number

59-3391640

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 87 SOUTH FLETCHER AVE

2a. Mailing Address

26 P.O. Box 15630

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 FERNANDINA BEACH, FL

City & State

28 FERNANDINA BEACH, FL

Zip

24 32134

Country

25 NASSAU

Zip

29 32035

Country

30 NASSAU

9. Name and Address of Current Registered Agent

PHOTONENTIS, KENNETH G
1591 GULF BLVD
CLEARWATER FL 34630

10. Name and Address of New Registered Agent

81 Name

JOHN F. LOWREY

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

1545 PHELPS MANOR ROAD

83

84 City

AMELIA ISLAND

FL

85 Zip Code

32034

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

JOHN F. LOWREY

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

(NO 2. Registered Agent signature required when re-registering)

DATE

4/26/99

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME HERRINGTON, DON JR
STREET ADDRESS 2 GRIZZLY BEAR PATH
CITY-ST-ZIP ORMAND BEACH FL 32175

TITLE D ☒ DELETE
NAME HERRINGTON, ELAINE
STREET ADDRESS 2 GRIZZLY BEAR PATH
CITY-ST-ZIP ORMAND BEACH FL 32175

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/P ☐ Change ☒ Addition
1.2 NAME JUDE LOWREY
1.3 STREET ADDRESS 1545 PHELPS MANOR ROAD
1.4 CITY-ST-ZIP AMELIA ISLAND, FL 32034

2.1 TITLE D/P ☐ Change ☒ Addition
2.2 NAME JOHN F. LOWREY JR
2.3 STREET ADDRESS 1545 PHELPS MANOR ROAD
2.4 CITY-ST-ZIP AMELIA ISLAND, FL 32034

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

JOHN F. LOWREY, VICE PRESIDENT

Date

4/26/99

Daytime Phone #

704-491-7804

CR2E034 (11/98)