

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
Sep 09, 1999 8:00 am
Secretary of State

09-09-1999 90003 033 ***150.00

DOCUMENT # P98000035316

Corporation Name

MICHELLE LOWER, C.R.N.A., P.A.



Principal Place of Business

Mailing Address

3 SUNSET POINTE ROAD #15
CLEARWATER FL 33765

2058 SUNSET POINTE ROAD #15
CLEARWATER FL 33765

DO NOT WRITE IN THIS SPACE

Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/16/1998

4. FEI Number

62-1733777

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

10. Name and Address of New Registered Agent

LOWER, MICHELLE
2058 SUNSET POINTE ROAD #15
CLEARWATER FL 33765

81 Name

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

83

84 City

FL

85 Zip Code

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.

NATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
D LOWER, MICHELLE 2058 SUNSET POINTE ROAD #15 CLEARWATER FL 33765	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		1.2 NAME	
	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		2.2 NAME	
	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME	
	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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 furnished 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.

NATURE:

Michelle Lower

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99

Date

Daytime Phone #

CR2F034 (11/98)

P98000035316
613845-90003

August 17, 1999

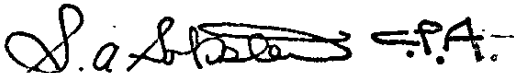
Department of State
Division of Corporations
P O Box 6327
Tallahassee FL 32314

Re: Michelle Lower PC
#p98000035316
Annual Report

Dear Sir or Madam,

We are the accountants for Michelle Lower PC. Enclosed is a copy of the annual report that was originally mailed from our office on April 16, 1999. The check that was sent with the original has not cleared the bank as of this date. We are enclosing another check for \$150 and requesting that the penalties be abated. Your cooperation in this matter is greatly appreciated.

Sincerley,

A handwritten signature in dark ink, appearing to read "S. A. Goldstein", followed by the letters "C.F.A." in a stylized, possibly stamped or typed, font.

Sidney A. Goldstein CPA