## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000001869

Entity Name: DAVID W. LOWE, D.D.S., M.S., P.A.

FILED Mar 27, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 4904 S CLYDE MORRIS BLVD SUITE A PORT ORANGE, FL 32129 **New Mailing Address: Current Mailing Address:** 4904 S CLYDE MORRIS BLVD SUITE A PORT ORANGE, FL 32129 FEI Number: 59-3549678 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LOWE, DAVID W 4904 S CLYDE MORRIS BLVD SUITE A PORT ORANGE, FL 32129 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Change () Addition ( ) Delete Title: LOWE, DAVID W Name: Name:

 Inte:
 P
 ( ) Delete
 Inte:

 Name:
 LOWE, DAVID W
 Name:

 Address:
 937 SEA DUCK DRIVE
 Address:

 City-St-Zip:
 DAYTONA BEACH, FL 321198765
 City-St-Zip:

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: LINDA NELSON MRS 03/27/2008