FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 AM 11:27

DOCUMENT # **S50840** (5)

1. Corporation Name
ARPIN, LOWELL & SYPERT, M.D.S., P.A.

Principal Place of Business	Mailing Address
3677 CENTRAL AVE. SUITE A FT. MYERS FL 33901	3677 CENTRAL AVE. SUITE A FT. MYERS FL 33901

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/07/1991
3a. Date of Last Report: 02/17/1994

2. Principal Place of Business
21: 12700 CREEKSIDE LANE
Suite, Apt. #, etc.
22: SUITE 101
City & State
23: FORT MYERS, FL
Zip 24: 39919 Country 25: LEE

2a. Mailing Address
26: 12700 CREEKSIDE LANE
Suite, Apt. #, etc.
27: SUITE 101
City & State
28: FORT MYERS, FL
Zip 29: 39919 Country 30: LEE

4. FEI Number: 65-0264449 ☐ 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

SYPERT, GEORGE W., M.D.
3677 CENTRAL AVE.
SUITE A
FT. MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 12700 CREEKSIDE LANE
83: SUITE 101
84 City: FORT MYERS, FL 85 Zip Code: 33919

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	LOWELL, HARRY M., M.D.	1.2 NAME	
STREET ADDRESS	3677 CENTRAL AVE. #A	1.3 STREET ADDRESS	12700 CREEKSIDE LANE # 101
CITY-ST-ZIP	FT. MYERS FL	1.4 CITY-ST-ZIP	FORT MYERS, FL 33919
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	SYPERT, GEORGE W., M.D.	2.2 NAME	
STREET ADDRESS	3677 CENTRAL AVE. #A	2.3 STREET ADDRESS	12700 CREEKSIDE LANE # 101
CITY-ST-ZIP	FT. MYERS FL	2.4 CITY-ST-ZIP	FORT MYERS, FL 33919
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	ARPIN-SYPERT, E. JOY M.D	3.2 NAME	
STREET ADDRESS	3677 CENTRAL AVE. #A	3.3. STREET ADDRESS	12700 CREEKSIDE LANE # 101
CITY-ST-ZIP	FT. MYERS FL	3.4 CITY-ST-ZIP	FORT MYERS, FL 33919
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: ✓ _____ ✓ 1/25/95 (813) 432-0774
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

HARRY M. LOWELL, M.D. - VICE PRESIDENT

0310706 CP