

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S50840** (5)

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



Principal Place of Business
**12700 CREEKSIDE LANE
SUITE 101
FORT MYERS FL 39919
US**

Mailing Address
**12700 CREEKSIDE LANE
SUITE 101
FORT MYERS FL 39919
US**

3. Date Incorporated or Qualified **05/07/1991** 3a. Date of Last Report **02/01/1995**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country 30 Country

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

10. Name and Address of New Registered Agent

**SYPERT, GEORGE W., M.D.
12700 CREEKSIDE LANE
SUITE 101
FORT MYERS FL 39919**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 of principal officer or registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ DELETE
NAME **D LOWELL, HARRY M., M.D.**
STREET ADDRESS **12700 CREEKSIDE LANE SUITE 101**
CITY-STATE-ZIP **FORT MYERS FL**
2. TITLE ☐ DELETE
NAME **D SYPERT, GEORGE W., M.D.**
STREET ADDRESS **12700 CREEKSIDE LANE SUITE 101**
CITY-STATE-ZIP **FORT MYERS FL**
3. TITLE ☐ DELETE
NAME **D ARPIN-SYPERT, E. JOY M.D.**
STREET ADDRESS **12700 CREEKSIDE LANE SUITE 101**
CITY-STATE-ZIP **FORT MYERS FL**
4. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP
5. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP
6. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP
5. TITLE ☐ Change ☐ Addition
6. NAME
7. STREET ADDRESS
8. CITY-STATE-ZIP
9. TITLE ☐ Change ☐ Addition
10. NAME
11. STREET ADDRESS
12. CITY-STATE-ZIP
13. TITLE ☐ Change ☐ Addition
14. NAME
15. STREET ADDRESS
16. CITY-STATE-ZIP
17. TITLE ☐ Change ☐ Addition
18. NAME
19. STREET ADDRESS
20. CITY-STATE-ZIP
21. TITLE ☐ Change ☐ Addition
22. NAME
23. STREET ADDRESS
24. CITY-STATE-ZIP
25. TITLE ☐ Change ☐ Addition
26. NAME
27. STREET ADDRESS
28. CITY-STATE-ZIP
29. TITLE ☐ Change ☐ Addition
30. NAME
31. STREET ADDRESS
32. CITY-STATE-ZIP
33. TITLE ☐ Change ☐ Addition
34. NAME
35. STREET ADDRESS
36. CITY-STATE-ZIP
37. TITLE ☐ Change ☐ Addition
38. NAME
39. STREET ADDRESS
40. CITY-STATE-ZIP
41. TITLE ☐ Change ☐ Addition
42. NAME
43. STREET ADDRESS
44. CITY-STATE-ZIP
45. TITLE ☐ Change ☐ Addition
46. NAME
47. STREET ADDRESS
48. CITY-STATE-ZIP
49. TITLE ☐ Change ☐ Addition
50. NAME
51. STREET ADDRESS
52. CITY-STATE-ZIP
53. TITLE ☐ Change ☐ Addition
54. NAME
55. STREET ADDRESS
56. CITY-STATE-ZIP
57. TITLE ☐ Change ☐ Addition
58. NAME
59. STREET ADDRESS
60. CITY-STATE-ZIP
61. TITLE ☐ Change ☐ Addition
62. NAME
63. STREET ADDRESS
64. CITY-STATE-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)(k), 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/96 (94) 432-0774
Date Daytime Phone

CR2E034 (12/95)