

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 03 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 33919
US

Mailing Address

12700 CREEKSIDE LANE
SUITE 101
FORT MYERS FL 33919-3343
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

05/07/1991

3a. Date of Last Report

02/08/1996

4. FEI Number

65-0264449

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. 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.
12700 CREEKSIDE LANE
SUITE 101
FORT MYERS FL 33919

10. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

D
TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
LOWELL, HARRY M., M.D.
12700 CREEKSIDE LAND SUITE 101
FORT MYERS FL

DELETE

D
TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
SYPERT, GEORGE W., M.D.
12700 CREEKSIDE LANE SUITE 101
FORT MYERS FL

DELETE

D
TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
ARPIN-SYPERT, E. JOY M.D.
12700 CREEKSIDE LANE SUITE 101
FORT MYERS FL

DELETE

D
TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

DELETE

D
TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

DELETE

D
TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP
Change Addition2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP
Change Addition3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP
Change Addition4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP
Change Addition5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP
Change Addition6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP
Change Addition

14. I do 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 address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/97

(941) 432-0774

Date Daytime Phone #

CR2E034 (9/96)