

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000000805

Entity Name: LOWELL F. CLARK, M.D., P.A.

Current Principal Place of Business:

212 SOUTH FLORIDA STREET
BUSHNELL, FL 33513

Current Mailing Address:

212 SOUTH FLORIDA STREET
BUSHNELL, FL 33513

FEI Number: 59-3688532

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CLARK, LOWELL F
212 SOUTH FLORIDA STREET
BUSHNELL, FL 33513 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

Officer/Director Detail :

Title PSTD
Name CLARK, LOWELL F MD
Address 212 S FLORIDA STREET
City-State-Zip: BUSHNELL FL 33513

I hereby 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 all other like empowered.

SIGNATURE: LOWELL CLARK

PRESIDENT

01/19/2015

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date