

**2014 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:** Yes

**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 F CLARK

PRESIDENT

03/04/2014

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date