

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000105817

**Entity Name:** VICTOR LOWELL D.M.D. P.A.

**Current Principal Place of Business:**

420 S DIXIE HIGHWAY  
SUITE 4-J  
CORAL GABLES, FL 33146

**Current Mailing Address:**

420 S DIXIE HIGHWAY  
SUITE 4-J  
CORAL GABLES, FL 33146 US

**FEI Number:** 80-0314987

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RENFROW, ROBERT T  
2950 SW 27TH AVE.  
SUITE 100  
MIAMI, FL 33133 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:** ROBERT T. RENFROW

02/06/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name LOWELL, VICTOR A  
Address 420 S. DIXIE HIGHWAY SUITE 4-J  
City-State-Zip: CORAL GABLES FL 33146

*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:** VICTOR LOWELL

OWNER OF VICTOR  
LOWELL DMD PA

02/06/2019

Electronic Signature of Signing Officer/Director Detail

Date