

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000062979

**Entity Name:** SAMUEL P. ROWE,D.M.D. AND SAMUEL V. ROWE,D.M.D.,P.A.

**FILED**  
**Mar 23, 2016**  
**Secretary of State**  
**CC9051873572**

**Current Principal Place of Business:**

605 CITRUS AVE.  
FORT PIERCE,, FL 34950

**Current Mailing Address:**

605 CITRUS AVE.  
FORT PIERCE,, FL 34950 US

**FEI Number: 59-2163423**

**Certificate of Status Desired: No**

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

ROWE, SAMUEL V  
605 CITRUS AVE.  
FORT PIERCE, FL 34950 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 P,VP  
Name ROWE, SAMUEL V  
Address 605 CITRUS AVE.  
City-State-Zip: FORT PIERCE FL 34950

Title SECRETARY, TREASURER  
Name ROWE, LYNN S  
Address 605 CITRUS AVE.  
City-State-Zip: FORT PIERCE, FL 34950

*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: SAMUEL V. ROWE**

**PRESIDENT**

**03/23/2016**

Electronic Signature of Signing Officer/Director Detail

Date