

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000088658

FILED  
Jan 27, 2012  
Secretary of State

**Entity Name:** BOWMAN & HAMPSEY, M.D.'S, P.A.

**Current Principal Place of Business:**

3251 MCMULLEN BOOTH ROAD  
SUITE 303  
CLEARWATER, FL 33761

**New Principal Place of Business:**

**Current Mailing Address:**

3251 MCMULLEN BOOTH ROAD  
SUITE 303  
CLEARWATER, FL 33761

**New Mailing Address:**

**FEI Number:** 20-5211702

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HAMPSEY, JAMES P  
3251 MCMULLEN BOOTH ROAD  
SUITE 303  
CLEARWATER, FL 33761 US

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

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

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: BOWMAN, STEVEN C M.D.  
Address: 3251 MCMULLEN BOOTH ROAD #303  
City-St-Zip: CLEARWATER, FL 33761

Title: DR  
Name: HAMPSEY, JAMES P M.D.  
Address: 3251 MCMULLEN BOOTH ROAD #303  
City-St-Zip: CLEARWATER, FL 33761

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: JAMES P. HAMPSEY

DR.

01/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date