

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000175401

**Entity Name:** BOWMAN HEALTH, LLC

**Current Principal Place of Business:**

21 ISLAND CAY DRIVE  
ORMOND BEACH, FL 32176

**Current Mailing Address:**

21 ISLAND CAY DRIVE  
ORMOND BEACH, FL 32176 US

**FEI Number: 84-2475856**

**Certificate of Status Desired: No**

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

BOWMAN, PAUL R. JR.  
21 ISLAND CAY DRIVE  
ORMOND BEACH, FL 32176 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

**Authorized Person(s) Detail :**

Title	MGR	Title	MGR
Name	BOWMAN, PAUL R JR	Name	BOWMAN, ROSEMARY P
Address	21 ISLAND CAY DRIVE	Address	21 ISLAND CAY
City-State-Zip:	ORMOND BEACH FL 32176	City-State-Zip:	ORMOND BEACH FL 32176

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: PAUL R BOWMAN JR**

**MANAGER**

**04/19/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date