

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 608382 (8)

1. Corporation Name

R. KLIEN BOWEN, M.D., P.A.



Principal Place of Business

Mailing Address

63 WEST UNDERWOOD STREET
ORLANDO FL 32806

63 WEST UNDERWOOD STREET
ORLANDO FL 32806

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24.

25.

29.

30.

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/01/1979

3a. Date of Last Report

05/01/1995

4. FET Number

59-1914451

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

10. Name and Address of New Registered Agent

BOWEN, R KLIEN
63 W UNDERWOOD ST
ORLANDO FL 32806

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of person performing duties of registered agent and the corporation

Signature of person performing duties of registered agent and the corporation

DATE

12. OFFICERS AND DIRECTORS

NAME	PD	☐ DELETE
NAME	BOWEN, R KLIEN	
STREET ADDRESS	63 W UNDERWOOD ST	
CITY- ST- ZIP	ORLANDO FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		☐ DELETE
CITY- ST- ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		☐ DELETE
CITY- ST- ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		☐ DELETE
CITY- ST- ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		☐ DELETE
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
12. NAME	
13. STREET ADDRESS	
14. CITY- ST- ZIP	
2. TITLE	☐ Change ☐ Addition
22. NAME	
23. STREET ADDRESS	
24. CITY- ST- ZIP	
3. TITLE	☐ Change ☐ Addition
32. NAME	
33. STREET ADDRESS	
34. CITY- ST- ZIP	
4. TITLE	☐ Change ☐ Addition
42. NAME	
43. STREET ADDRESS	
44. CITY- ST- ZIP	
5. TITLE	☐ Change ☐ Addition
52. NAME	
53. STREET ADDRESS	
54. CITY- ST- ZIP	
6. TITLE	☐ Change ☐ Addition
62. NAME	
63. STREET ADDRESS	
64. CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an amendment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 31, 1996 407-423-3815
Date Date of Filing

CR2E034 (12/95)