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PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Feb 26 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 608382

(8)

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

| Principal Place of Business  | Mailing Address   |  | # TRACTA BELLE ORIGIN TOLOGY (INCOLUDING THOSE ORIGIN DIVING THOSE ORIGIN ORIGIN ORIGIN (CITAL) |  |   |
|--|---|--|---|--|---|
| 63 WEST UNDERWOOD STREET<br>ORLANDO FL 32806   | 83 WEST UNDERWOOD STREET<br>ORLANDO FL 32808-1118                     |  |   |  |   |
|  | ,   |  | 3. Date Incorporated or Qualified   | 3a. Date of Last R                             | eport                                       |
|  |   |  | 04/01/1979  | 02/06/1996                                     |   |
| 2. Principal Place of Business   | 2a. Mailing Address   |  | 4. FEI Number   |  | plied For                                   |
| 21   | 26  |  | 59-1914451  |  | t Applicable                                |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.   |  | 5. Certificate of Status Desired  | \$8.75   |   |
| 22   | 27   Cit. 8 Cit.  |  |   | Fee Re   | <del></del>                                 |
| City & State   | City & State  |  | 6. Election Campaign Financing  | \$5.00   |   |
| Zip Country  | 28  | Country  | Trust Fund Contribution   | Added t  |   |
| 24 25  | 29  | 30   | 8. This corporation has liability for it Florida Statutes                                       | ntangible tax under s.<br>Yes. □ No            | 199.032,                                    |
| 9. Name and Address of Cu  |   | [30]   | 10. Name and Address of New Reg   | <u> </u>                                       |   |
|  |   | 81 Name  | 10.   | J. C.      |   |
| BOWEN, R KLIEN   |   |  |   |  |   |
| 63 W UNDERWOOD ST  |   | 82 Street Add  | lress (P.Ö. Box Number is Not Acceptabl   | le)  |   |
| ORLANDO FL 32806   |   | 83   |   | ······································         |   |
|  |   |  |   |  |   |
|  |   | 84 City  |   | FL 85 Zip (                                    | Code  |
| 44 Director to the provisions of Continue CO7  | OFOO and CO7 1500 Florida Cast d                                      |  |   |  |   |
| <ol> <li>Pursuant to the provisions of Sections 607<br/>office or registered agent, or both, in the S<br/>agent. I am familiar with, and accept the o</li> </ol>   | State of Florida. Such change was a                                   | es, the above-hamed corp<br>authorized by the corpora  | poration submits this statement for the pi<br>ition's board of directors. I hereby accep        | urpose of changing it<br>it the appointment as | s registered<br>registered                  |
|  |   | and of a Charles have  |   |  | •   |
| agent. I am familiar with, and accept the o  | obligations of, Section 607.0505, Flo                                 | onoa Statutes.   |   |  |   |
| SIGNATURE:   |   |  | •   |  |   |
| SIGNATURE: Signature: Typicit or printed han a of legister.  | nd agent and title if applicable (NOT                                 | E: Registered Agent signature requi  | ired when reinstating)  | DATE   | ·   |
| SIGNATURE Signature Types or proved name of registers  12. OFFICERS  | nd agent and title of applicable (NOT<br>S AND DIRECTORS              | E. Registered Agent signature requi  | •   | DATE<br>ERS AND DIRECTOR                       | S IN 12                                     |
| SIGNATURE: Signature hypertics proved name of registror.  12. OFFICERS TILLE PD  | nd agent and title if applicable (NOT                                 | E: Registered Agent signature requi  | ired when reinstating)  | DATE   |   |
| SIGNATURE: Signature Typical or proved name of legistron  12. OFFICERS  TITLE PD  BOWEN, R KLIEN   | nd agent and title of applicable (NOT<br>S AND DIRECTORS              | E. Registered Agent signature requi<br>13. 1.1 TITLE 1.2 NAME  | ired when reinstating)  | DATE<br>ERS AND DIRECTOR                       | S IN 12                                     |
| SIGNATURE Stignature Typical or printed name of negation  12. OFFICERS  TRUE PD BOWEN, R KLIEN STREET ADDRESS 63 W UNDERWOOD ST  | nd agent and title of applicable (NOT<br>S AND DIRECTORS              | E: Registered Agent signature requi  | ired when reinstating)  | DATE<br>ERS AND DIRECTOR                       | S IN 12                                     |
| SIGNATURE: Signature Typed or proved name of register  12. OFFICERS  TILE PD  NAME BOWEN, R KLIEN  STREET ADDRESS CITY: ST-ZIP ORLANDO FL  | iid agent and title d'applicable (NOT<br>S AND DIRECTORS  DELETE      | E Registered Agent signature requi   | ired when reinstating)  | DATE ERS AND DIRECTOR Change                   | S IN 12                                     |
| SIGNATURE Signature hypertox proved name of registror  12. OFFICERS TITLE NAME STHEEL ADDRESS CITY-SI-ZIP TITLE  DORLANDO FL  TITLE  | nd agent and title of applicable (NOT<br>S AND DIRECTORS              | E Registered Agent signature requi   | ired when reinstating)  | DATE ERS AND DIRECTOR Change                   | S IN 12                                     |
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