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 # **638020** **(8)**

1. Corporation Name

ROBERT E. COWAN, M.D., P. A.

Principal Place of Business	Mailing Address
% ROBERT E COWAN, MD 13801 BRUCE B DOWNS BLVD., STE. 102 TAMPA FL 33613	% ROBERT E COWAN, MD 13801 BRUCE B DOWNS BLVD., STE. 102 TAMPA FL 33613

3. Date Incorporated or Qualified: 10/01/1979
3a. Date of Last Report: 11/29/1995

2. Principal Place of Business
21: 9342 DEER CREEK DR.
Suite, Apt. #, etc.
22: ~~TAMPA, FL~~
City & State
23: ~~33~~ TAMPA, FL
Zip: 24: 33647 Country: 25: HILLS.

2a. Mailing Address
26: 9342 DEER CREEK DR.
Suite, Apt. #, etc.
27:
City & State
28: TAMPA, FL
Zip: 29: 33647 Country: 30: HILLS.

4. FEI Number: 59-1935135 ☐ 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

9. Name and Address of Current Registered Agent

COWAN, ROBERT E., M.D.
13801 BRUCE B. DOWNS BLVD
SUITE 102
TAMPA FL

10. Name and Address of New Registered Agent

81 Name: COWAN, ROBERT E, MD
82 Street Address (P.O. Box Number is Not Acceptable): 9342 DEER CREEK DR.
83:
84 City: TAMPA FL 85 Zip Code: 33647

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: Robert E Cowan MD (PRES.) DATE: 4/17/96

12. OFFICERS AND DIRECTORS

TITLE	PST	☐ DELETE
NAME	COWAN, ROBERT E	
STREET ADDRESS	13801 BRUCE B DOWNS BLVD	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '96

1.1 TITLE	PRES, SEC, T	☒ Change ☒ Addition
1.2 NAME	COWAN, ROBERT E.	
1.3 STREET ADDRESS	9342 DEER CREEK DR.	
1.4 CITY-ST-ZIP	TAMPA, FL 33647	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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 attachment with an address.

SIGNATURE: Robert E Cowan MD 4/17/96 813-933-8770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #
ROBERT E COWAN MD

CR2E034 (12/95)