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Feb 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H78849

(7)

1. Corporation Name
THOMAS G. BOUWKAMP, M.D., P.A.

Principal Place of Business

66 COUNTRY CLUB ROAD
P.O. BOX 320188
COCOA BEACH FL 32902-0188
US

Mailing Address



2. Principal Place of Business

21 Suite, Apt. #, etc.
22 P.O. Box 5620
23 City & State
Lakeland, FL
24 Zip
33807-5620 Country
USA

2a. Mailing Address

26 Suite, Apt. #, etc.
27 P.O. Box 5620
28 City & State
Lakeland, Florida
29 Zip
33807-5620 Country
USA

3. Date Incorporated or Qualified
09/30/1985

3a. Date of Last Report
01/26/1996

4. FEI Number
50-2580306

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

BOUWKAMP, THOMAS G. (M.D.)
66 COUNTRY CLUB ROAD - change
COCOA BEACH FL 32931 - change

10. Name and Address of New Registered Agent

81 Name Bouwkamp, Thomas G. (M.D.)
82 Street Address (P.O. Box Number is Not Acceptable)
1866 Pinnacle Drive
83
84 City Lakeland, FL 85 Zip Code 33813

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

Thomas G. Bouwkamp M.D.

Thomas G. Bouwkamp M.D.

1/28/97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BOUWKAMP, THOMAS G.	
STREET ADDRESS	66 COUNTRY CLUB ROAD - change	
CITY - ST - ZIP	COCOA BEACH FL - change	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	BOUWKAMP, KATHLEEN G.	
STREET ADDRESS	66 COUNTRY CLUB ROAD - change	
CITY - ST - ZIP	COCOA BEACH FL - change	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Bouwkamp, Thomas G.	
1.3 STREET ADDRESS	1866 Pinnacle Drive	
1.4 CITY - ST - ZIP	Lakeland, FL 33813	
2.1 TITLE	VST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Kathleen Bouwkamp	
2.3 STREET ADDRESS	1866 Pinnacle Dr.	
2.4 CITY - ST - ZIP	Lakeland, FL 33813	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 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, changed, or on an attachment with an address.

SIGNATURE:

Thomas G. Bouwkamp M.D. / Thomas G. Bouwkamp M.D. (941) 644-8899

CR2E034 (9/96)