

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # H78849

1. Entity Name

THOMAS G. BOUWKAMP, M.D., P.A.



Principal Place of Business

1866 PINNACLE DRIVE
LAKELAND FL 33813
US

Mailing Address

P.O. BOX 5620
LAKELAND FL 33807-5620
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2580306

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOUWKAMP, THOMAS G. (M.D.)
1866 PINNACLE DRIVE
LAKELAND FL 33813

Name

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

City

FL

Zip Code

8. 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. I am familiar with and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when submitting a...

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME PD
STREET ADDRESS BOUWKAMP, THOMAS G.
CITY-ST-ZIP 1866 PINNACLE DRIVE
LAKELAND FL 33813

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
000000801388
02/01/08-80015-006 158.75

TITLE ☐ Delete
NAME VST
STREET ADDRESS BOUWKAMP, KATHLEEN G.
CITY-ST-ZIP 1866 PINNACLE DRIVE
LAKELAND FL 33813

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

Thomas G. Bouwkamp M.D.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Thomas G. Bouwkamp M.D.

1/26/08 (863) 838-8510
Date Date of Filing