

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H78849

FILED  
Jan 04, 2011  
Secretary of State

**Entity Name:** THOMAS G. BOUWKAMP, M.D., P.A.

**Current Principal Place of Business:**

1866 PINNACLE DRIVE  
LAKELAND, FL 33813 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O BOX 5620  
LAKELAND, FL 338075620 US

**New Mailing Address:**

**FEI Number:** 59-2580306

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BOUWKAMP, THOMAS G.  
Address: 1866 PINNACLE DRIVE  
City-St-Zip: LAKELAND, FL 33813 US

Title: VST  
Name: BOUWKAMP, KATHLEEN G.  
Address: 1866 PINNACLE DRIVE  
City-St-Zip: LAKELAND, FL 33813 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS G. BOUWKAMP, M.D.

DR.

01/04/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date