


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # J42117 1. Entity Name M.D. BOWEN, INC.	
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Principal Place of Business % M. D. BOWEN 104 NEW YORK AVE. LYNN HAVEN FL 32444	Mailing Address % M. D. BOWEN 104 NEW YORK AVE. LYNN HAVEN FL 32444
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-2736825	Applied For Not Applicable
Zip	Country	Zip	Country



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent BOWEN, M. D. 104 NEW YORK AVE. LYNN HAVEN FL 32444		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOWEN, M. D.			NAME			
STREET ADDRESS	104 NEW YORK AVE			STREET ADDRESS			
CITY - ST - ZIP	LYNN HAVEN FL			CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			

U00000052925
 02/16/04-80109-022 158.75

12. I 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 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 all other like empowered

SIGNATURE: M.D. Bowen M.D. Bowen 2/12/04 850-265-1214
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #