


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # M49337 1. Entity Name BOWEN MEDICAL SERVICES, INC.	
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Principal Place of Business 709 INDUSTRIAL AVE SW LIVE OAK, FL 32064 US	Mailing Address 709 INDUSTRIAL AVE SW LIVE OAK, FL 32064 US
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03292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2792054	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BOWEN, THOMAS M. 8371 66TH STREET LIVE OAK, FL 32060	DO NOT WRITE IN THIS SPACE
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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, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOWEN, THOMAS M. 8371 66 ST LIVE OAK, FL 32060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOWEN, THERESA C. 8371 66 ST LIVE OAK, FL 32060
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04/15/05-80096-125 150.00

DO NOT WRITE IN THIS SPACE

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: Thomas Bowen **4/12/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #