


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2007 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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DO NOT WRITE IN THIS SPACE



02192007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2792054	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BOWEN, THOMAS M.
8371 66TH STREET
LIVE OAK, FL 32060

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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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11. **DO NOT WRITE
IN THIS SPACE**

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03/08/07-80018-024 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 an officer like empowered.

SIGNATURE:  **2/27/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #