

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000015320

FILED
Nov 14, 2008
Secretary of State

Entity Name: THOMAS L. BOWERS, IV, D.M.D. M.D., P.A.

Current Principal Place of Business:

2023 W OLD US HWY 441
MOUNT DORA, FL 32757

New Principal Place of Business:

Current Mailing Address:

2023 W OLD HWY 441
MOUNT DORA, FL 32757

New Mailing Address:

FEI Number: 59-3703943

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOWERS, THOMAS L
102 WINGFIELD DRIVE
UMATILLA, FL 32784 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: THOMAS L BOWERS IV

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DR () Delete
Name: BOWERS, THOMAS L
Address: 102 WINGFIELD DRIVE
City-St-Zip: UMATILLA, FL 32784

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: THOMAS L BOWERS IV

DR

11/14/2008

Electronic Signature of Signing Officer or Director

Date