


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2004 8:00 am
Secretary of State

03-04-2004 90012 005 ***150.00

DOCUMENT # P02000021558	
1. Entity Name LINDA D. BOWERS, L.C.S.W., P.A.	

Principal Place of Business 7301 W. PALMETTO PARK ROAD SUITE 210C BOCA RATON FL 33433	Mailing Address 7301 W. PALMETTO PARK ROAD SUITE 210C BOCA RATON FL 33433
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2. Principal Place of Business 7300 W. CAMINO REAL	3. Mailing Address 7300 W. CAMINO REAL
Suite, Apt. #, etc. SUITE 226	Suite, Apt. #, etc. SUITE 226
City & State BOCA RATON FL	City & State BOCA RATON FL
Zip 33433	Country USA



MOORE CR2E034 (11/03)

4. FEI Number 03-0392942		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent BOWERS, LINDA D 7301 W. PALMETTO PARK ROAD SUITE 210C BOCA RATON FL 33433		
7. Name and Address of New Registered Agent Name BOWERS, LINDA D. Street Address (P.O. Box Number is Not Acceptable) 7300 W. CAMINO REAL SUITE 226 City BOCA RATON FL 33433		

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  **LINDA D. BOWERS** **3-1-04**
Signature, typed or printed name of registered agent and title if applicable. (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PSD	<input type="checkbox"/> Delete	TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BOWERS, LINDA D		NAME 7300 W. CAMINO REAL SUITE 226	
STREET ADDRESS 7301 W. PALMETTO PARK ROAD #210C		STREET ADDRESS BOCA RATON, FL 33433	
CITY-ST-ZIP BOCA RATON FL 33433		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS NAME		STREET ADDRESS NAME	
CITY-ST-ZIP NAME		CITY-ST-ZIP NAME	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS NAME		STREET ADDRESS NAME	
CITY-ST-ZIP NAME		CITY-ST-ZIP NAME	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS NAME		STREET ADDRESS NAME	
CITY-ST-ZIP NAME		CITY-ST-ZIP NAME	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS NAME		STREET ADDRESS NAME	
CITY-ST-ZIP NAME		CITY-ST-ZIP NAME	

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:  **LINDA D. BOWERS** **3-1-04** **561 447-9511**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #