2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004
Secretary of State

DOCUMENT# P03000107437

Entity Name: DENNIS BOWSHER, M.D., P.A.

Current Principal Place of Business:

440 E. SAMPLE ROAD #102
POMPANO BEACH, FL 33064

New Principal Place of Business:

440 E. SAMPLE ROAD #102
POMPANO BEACH, FL 33064 US

Current Mailing Address:

440 E. SAMPLE ROAD #102
POMPANO BEACH, FL 33064

New Mailing Address:

440 E. SAMPLE ROAD #102
POMPANO BEACH, FL 33064 US

FEI Number: 83-0372497 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

COHEN, JEFFREY L ESQ
C/O STRAWN MONAGHAN & COHEN, P.A.
54 NE FOURTH AVE
DELRAY BEACH, FL 33483 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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BOWSHER, DENNIS M.D.
Address: 440 E. SAMPLE ROAD #102
City-St-Zip: POMPANO BEACH, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: BOWSHER, DENNIS M.D.
Address: 440 E. SAMPLE ROAD #102
City-St-Zip: POMPANO BEACH, FL 33064 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DENNIS BOWSHER MD D 04/26/2004

Electronic Signature of Signing Officer or Director — Date