## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000107437

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

FILED Mar 24, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

440 E. SAMPLE ROAD #102 POMPANO BEACH, FL 330644432 US

Current Mailing Address: New Mailing Address:

440 E. SAMPLE ROAD #102 POMPANO BEACH, FL 330644432 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

COHEN, JEFFREY L ESQ C/O STRAWN MONAGHAN & COHEN, P.A. 54 NE FOURTH AVE DELRAY BEACH, FL 33483 US BOWSHER, DENNIS MD 440 E. SAMPLE ROAD, #102 POMPANO BEACH, FL 330644432 US

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: DENNIS BOWSHER MD 03/24/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition BOWSHER, DENNIS M.D. BOWSHER, DENNIS M.D. Name: Name: 440 E. SAMPLE ROAD #102 440 E. SAMPLE ROAD #102 Address: Address: City-St-Zip: POMPANO BEACH, FL 33064 US City-St-Zip: POMPANO BEACH, FL 330644432 US

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: DENNIS BOWSHER MD D 03/24/2008