


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90052 028 ***150.00

DOCUMENT # P04000065568					
1. Entity Name PAUL HERSCHEL BOWMAN, MD, PA					
Principal Place of Business 30720 WRENCREST DRIVE WESLEY CHAPEL, FL 33543			Mailing Address 30720 WRENCREST DRIVE WESLEY CHAPEL, FL 33543		
2. Principal Place of Business 3216 Cove Bend Drive Suite, Apt. #, etc.		3. Mailing Address 4202 E. Fowler Ave Suite, Apt. #, etc.			
City & State Tampa, FL		City & State Tampa, FL		4. FEI Number 20-1016200	
Zip 33613		Country USA		Zip 33620	
Country USA		Country USA			
6. Name and Address of Current Registered Agent MISKOWIC, MADELINE A 30720 WRENCREST DR WESLEY CHAPEL, FL 33543			7. Name and Address of New Registered Agent Name Bowman, MD, Paul H. Street Address (P.O. Box Number is Not Acceptable) 3216 Cove Bend Drive City Tampa FL 33613		
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: <u><i>Paul H. Bowman</i></u> DATE: <u>3/13/5</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P <input checked="" type="checkbox"/> Delete NAME BOWMAN, MD, PAUL H STREET ADDRESS 30720 WRENCREST DRIVE CITY-ST-ZIP WESLEY CHAPEL, FL 33543			TITLE P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Bowman, MD, Paul H. STREET ADDRESS 3216 Cove Bend Drive CITY-ST-ZIP Tampa, FL 33613		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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: <u><i>Paul H. Bowman</i></u> PAUL H. BOWMAN DATE: <u>3/13/5</u> (813) 977-2040 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					