
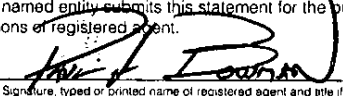



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90027 018 ***277.50

DOCUMENT # P04000065568 1. Entity Name PAUL HERSCHEL BOWMAN, MD, PA																																					
Principal Place of Business 3216 COVE BEND DRIVE TAMPA, FL 33613 5379 PRIMROSE LAKE CIRCLE,			Mailing Address POB 46937 TAMPA, FL 33647 33646																																		
2. Principal Place of Business - No P.O. Box # 5379 PRIMROSE LAKE CIRCLE,		3. Mailing Address 																																			
Suite, Apt. #, etc. TAMPA, FL		Suite, Apt. #, etc. 																																			
City & State 		City & State 		4. FEI Number 20-1016200																																	
Zip 33647		Country Hillsborough		Zip 																																	
Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																			
6. Name and Address of Current Registered Agent BOWMAN, PAUL H MD 3216 COVE BEND DRIVE TAMPA, FL 33613				7. Name and Address of New Registered Agent Name PAUL H. BOWMAN MD Street Address (P.O. Box Number is Not Acceptable) 5379 PRIMROSE LAKE CIRCLE City TAMPA FL Zip Code 33647																																	
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  PAUL H. BOWMAN, PRESIDENT 4/4/8 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width:70%;"> P. H. BOWMAN, MD, PAUL H 3216 COVE BEND DRIVE TAMPA, FL 33613 <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	P. H. BOWMAN, MD, PAUL H 3216 COVE BEND DRIVE TAMPA, FL 33613 <input type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width:70%;"> 5379 PRIMROSE LAKE CIRCLE TAMPA, FL 33647 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	5379 PRIMROSE LAKE CIRCLE TAMPA, FL 33647 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition														
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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, without other like empowered.																																					
SIGNATURE: 			Date 4/4/8 Daytime Phone # 813-977-2040																																		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																					

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