

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000006132

FILED  
Dec 02, 2009  
Secretary of State

Entity Name: THOMAS A. BOWLES DDS, P.A.

## Current Principal Place of Business:

4801 SUITE RD.  
STE # 34231  
SARASOTA, FL 34231 US

## Current Mailing Address:

4801 SUITE RD.  
STE # 34231  
SARASOTA, FL 34231 US

FEI Number: 20-4133293

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SAMS, LAURIE B ESQ.  
2815 PROCTOR ROAD  
SARASOTA, FL 34231 US

## New Principal Place of Business:

4801 SWIFT RD  
STE # H  
SARASOTA, FL 34231 US

## New Mailing Address:

4801 SWIFT RD  
STE # H  
SARASOTA, FL 34231 US

## Name and Address of New Registered Agent:

SAMS, LAURIE B ESQ.  
3859 BEE RIDGE RD  
STE 202  
SARASOTA, FL 34233 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: LAURIE SAMS

12/02/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BOWLES, THOMAS A DDS  
Address: 5581 ROSEHILL ROAD #201  
City-St-Zip: SARASOTA, FL 34233 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: BOWLES, THOMAS A DDS  
Address: 7019 BRIER CREEK CT  
City-St-Zip: LAKEWOOD RANCH, FL 34231 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: THOMAS A BOWLES

DR

12/02/2009

Electronic Signature of Signing Officer or Director

Date