2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000034366

Entity Name: BOWEN PRACTICE MANAGEMENT, INC.

FILED Mar 26, 2009 Secretary of State

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

2364 FRUITVILLE ROAD 265 CEDAR PARK CIRCLE SARASOTA, FL 34237 SARASOTA, FL 34242

Current Mailing Address: New Mailing Address:

2364 FRUITVILLE ROAD 265 CEDAR PARK CIRCLE SARASOTA, FL 34237 SARASOTA, FL 34242

FEI Number: 26-2325080 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:

BELLE, MICHAEL J SWOR, GRAY B
2364 FRUITVILLE ROAD 265 CEDAR PARK CIRCLE
SARASOTA, FL 34237 US SARASOTA, FL 34242 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: GRAY B SWOR 03/26/2009

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 SWOR, GRAY BOWEN SWOR, GRAY BOWEN Name: Name: 2364 FRUITVILLE ROAD 265 CEDAR PARK CIRCLE Address: Address: City-St-Zip: SARASOTA, FL 34237 City-St-Zip: SARASOTA, FL 34242

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: GRAY BOWEN SWOR DP 03/26/2009