

**SECOND NOTICE-CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000000362 (3)
T. Corporation Name

RICHARD L. BOWEN, P.A.



Principal Place of Business 11121 HEALTHY PARK BLVD. SUITE 500 NAPLES FL 33942 US	Mailing Address 11121 HEALTHY PARK BLVD. SUITE 500 NAPLES FL 33942 US
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2 Principal Place of Business 21 3461 BONITA BAY BLVD. Suite, Apt #, etc 22 112 City & State 23 NAPLES, FLORIDA Zip 24 33923 Country 25 USA	2a Mailing Address 26 SAME Suite, Apt #, etc 27 City & State 28 Zip 29 Country 30
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3 Date Incorporated or Qualified 10/28/1992	3a Date of Last Report 07/13/1995
4 FEI Number 65-0379468	Applied For Not Applicable
5 Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6 Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8 This corporation has liability for intangible tax under s. 199.03? Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BOWEN, RICHARD L
11181 HEALTH PARK BLVD.
S-2225
NAPLES FL FL339-42**

10. Name and Address of New Registered Agent

81 Name
RICHARD L. BOWEN

82 Street Address (P.O. Box Number is Not Acceptable)
3461 BONITA BAY BLVD., STE. 112

83

84 City
BONITA SPRINGS **FL** **85** Zip Code
33923

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Richard L. Bowen M.D. President* DATE: **7/26/96**

12. OFFICERS AND DIRECTORS

TITLE VPT	<input type="checkbox"/> DELETE
NAME BOWEN, RICHARD L	
STREET ADDRESS 11121 HELATH PARK BLVD STE 500	
CITY-ST-ZIP NAPLES FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS 3461 BONITA BAY BLVD., STE 112	
14 CITY-ST-ZIP NAPLES, FLORIDA 33923	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Richard L. Bowen M.D. President* DATE: **7/26/96**

CR2E034 (3/96)