


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 28, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P0000023519  
 1. Entity Name  
 D. RUSSELL LOCKE, M.D., P.A.



Principal Place of Business 3201 S.W. 34TH STREET OCALA, FL 34474-7440	Mailing Address 3201 S.W. 34TH STREET OCALA, FL 34474-7440
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06182004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3646135	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 WILLIS, PAULA A ESQ.  
 3201 S.W. 34TH STREET  
 OCALA, FL 34474-7440

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST D. RUSSELL LOCKE 3201 S.W. 34TH STREET OCALA, FL 344747440
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 06/28/04-80002-021 150.00

**DO NOT WRITE IN THIS SPACE**

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: D. Russell Locke D Russell Locke, MD 6/15/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #