

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000091690

1. Entity Name

LOCKWOOD & STEELY, M.D.'S, P.A.



Principal Place of Business

301 N ALEXANDER ST
PLANT CITY, FL 33566 US

Mailing Address

2913 PEMBERTON CREEK DR
SEFFNER, FL 33584-2421 US



02192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0629981

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBBINS, R. JAMES JR.
101 E. KENNEDY BLVD.
SUITE 3700
TAMPA, FL 33602

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

U00000087420
03/15/04-80010-015 150.00

10. OFFICERS AND DIRECTORS

| | |
|----------------|-------------------------|
| TITLE | P |
| NAME | STEELY, NEWTON E |
| STREET ADDRESS | 1441 COWART ROAD |
| CITY-ST-ZIP | PLANT CITY, FL 33567 |
| TITLE | STVP |
| NAME | LOCKWOOD, RICHARD W |
| STREET ADDRESS | 2913 PEMBERTON CREEK DR |
| CITY-ST-ZIP | SEFFNER, FL 335842421 |
| TITLE | O |
| NAME | GILL, PATRICK H |
| STREET ADDRESS | 2849 HAMMOCK DRIVE |
| CITY-ST-ZIP | PLANT CITY, FL 33567 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**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 19.07(3)(f), 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #