2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2007 08:00 A
Secretary of State

DOCUMENT # P95000091690

1. Entity Name
LOCKWOOD & STEELY, M.D.'S, P.A.

Principal Place of Business	Mailing Address
301 N ALEXANDER ST PLANT CITY, FL 33566 US	2913 PEMBERTON CREEK DR SEFFNER, FL 33584-2421 US

01052007 No Chg-P CR2E034 (11/05)

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

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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
After May 1, 2007 Fee will be $550.00

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

U00000675522
03/30/07-80022-012 150.00

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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: ✓ _____ 3/14/7 813 757 8014
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #