

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

DOCUMENT # P00000023519

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



06182004 No Chg-P CR2E034 (10/03)

4. FEI Number

59-3646135

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

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**  
**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	PVST
NAME	D. RUSSELL LOCKE
STREET ADDRESS	3201 S.W. 34TH STREET
CITY - ST - ZIP	OCALA, FL 344747440
TITLE	D
NAME	D. RUSSELL LOCKE
STREET ADDRESS	3201 S.W. 34TH STREET
CITY - ST - ZIP	OCALA, FL 344747440
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000162926  
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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*D. Russell Locke, M.D.*  
D Russell Locke, M.D.

Date

6/15/04  
Daytime Phone #