

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2005 8:00 am
Secretary of State

02-15-2005 90023 001 ***150.00

DOCUMENT # 603282

1. Entity Name
LEWIS J. OBI M.D., P.A.



Principal Place of Business

3599 UNIVERSITY BLVD.
#604
JACKSONVILLE, FL 32216 US

Mailing Address

3599 UNIVERSITY BLVD. S.
SUITE 604
JACKSONVILLE, FL 32216 US

50015530



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

02032005

Chg-P

CR2E034 (10/03)

4. FEI Number

59-1383824

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEWIS J. OBI, M.D.
3599 UNIVERSITY BLVD S. #604
JACKSONVILLE, FL 32216

Name

Street Address (P.O. Box Number is Not Acceptable)

Ludwig and Bunn PA
5150 Belfort Road, #500
City JACKSONVILLE FL Zip Code 32256

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 *J. M. Ludwig as President - Ludwig & Bunn, P.A.* DATE *2/10/05*

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST OBI, LEWIS J 3599 S UNIVERSITY BLVD JACKSONVILLE, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BAIRSTOW-OBI, MYRA 3599 S UNIVERSITY BLVD JACKSONVILLE, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Leann J. OBI, M.D.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/05
Date

904-399-0905
Daytime Phone #