

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90089 037 \*\*\*150.00

**DOCUMENT # F76652**

1. Entity Name  
**MCMAHON & RICKETSON, M.D., P.A.**



Principal Place of Business  
**5147 N NINTH AVE  
SUITE 203  
PENSACOLA, FL 32504 US**

Mailing Address  
**5147 N NINTH AVE  
SUITE 203  
PENSACOLA, FL 32504 US**

**30011003**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

01142005 Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2194103**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**STOCKAMP, KURT T M.D.  
5147 N NINTH AVENUE SUITE 203  
PENSACOLA, FL 32504**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 re-registering) 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	DP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	STOCKAMP, KURT T			NAME			
STREET ADDRESS	5147 N NINTH AVE			STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 32504			CITY-ST-ZIP			
TITLE	DVP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	TUGWELL, CHRISTOPHER R			NAME			
STREET ADDRESS	5147 N NINTH AVE			STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 32504			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	LASQUETY, LUDOVIC M			NAME			
STREET ADDRESS	5147 N NINTH AVE			STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 32504			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HARLIN, STUART A			NAME			
STREET ADDRESS	5147 N NINTH AVE			STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 32504			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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:** Kurt Stockamp **Kurt Stockamp President** 1-28-05 476-6110  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #