

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G08734**

(7)

1. Corporation Name

STEPHEN R. LEWIS, M.D., P.A.

FILED
95 AUG -1 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

6101 WEBB RD.
SUITE 107
TAMPA FL 33615

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SUITE 107
TAMPA FL 33615

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

11/18/1982

04/13/1994

4. FEI Number

Applied for

59-2231393

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

6. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 2723 Jehon Ave

26 Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 TAMPA, FL

28 Same

Zip

Zip

Country

Country

24 33629

25

HILLSBORO

29

Same

30

Same

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ELLWANGER, THOMAS J.
501 EAST KENNEDY BLVD.
TAMPA FL

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature: Typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PST
NAME	LEWIS, STEPHEN R.
STREET ADDRESS	6101 WEBB ROAD, #107
CITY, ST, ZIP	TAMPA FL
TITLE	D
NAME	LEWIS, STEPHEN R.
STREET ADDRESS	6101 WEBB ROAD, #107
CITY, ST, ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

11 TITLE	☒ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	2723 Jehon Ave
14 CITY, ST, ZIP	TAMPA, FL 33609
21 TITLE	☒ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	2723 Jehon Ave
24 CITY, ST, ZIP	TAMPA, FL 33609
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(2)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Stephen R. Lewis* **STEPHEN LEWIS M.D.**

7/26/95 813-859-9431