

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2005 8:00 am**  
**Secretary of State**

01-20-2005 90023 006 \*\*\*150.00

**DOCUMENT # G38887**

1. Entity Name

GREGORY WINFIELD TURNER, SR., M.D., P.A.



Principal Place of Business

4400 HIGHWAY 20, SUITE 410  
NICEVILLE, FL 32578

Mailing Address

4400 HIGHWAY 20, SUITE 410  
NICEVILLE, FL 32578

40003440

**DO NOT WRITE IN THIS SPACE**



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number

59-2295276

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TURNER, GREGORY W SR  
4400 HWY 20, STE. 410  
NICEVILLE, FL 32578

**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 reappointing)

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

|                |                           |
|----------------|---------------------------|
| TITLE          | DP                        |
| NAME           | TURNER, GREGORY W, SR     |
| STREET ADDRESS | 4400 HWY 20, STE 410      |
| CITY-ST-ZIP    | NICEVILLE, FL             |
| TITLE          | D. V.P. / Secretary       |
| NAME           | Turner, Robert M.         |
| STREET ADDRESS | 4400 Highway 20 Suite 410 |
| CITY-ST-ZIP    | Niceville FL 32578        |
| TITLE          |                           |
| NAME           |                           |
| STREET ADDRESS |                           |
| CITY-ST-ZIP    |                           |
| TITLE          |                           |
| NAME           |                           |
| STREET ADDRESS |                           |
| CITY-ST-ZIP    |                           |
| TITLE          |                           |
| NAME           |                           |
| STREET ADDRESS |                           |
| CITY-ST-ZIP    |                           |

**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 807, 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

Date

Daytime Phone #

1-13-05 850 897 2000