


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2007 8:00 am
Secretary of State

02-13-2007 90010 045 ***150.00

DOCUMENT # J82126															
1. Entity Name STEVEN E. GOODWILLER, M.D., P.A.															
Principal Place of Business 402 W 19TH ST. PANAMA CITY FL 32405		Mailing Address 402 W 19TH ST. PANAMA CITY FL 32405		1st MOORE CR2E034 (10/06)											
2. Principal Place of Business - No P.O. Box #		3. Mailing Address													
Suite, Apt. #, etc.		Suite, Apt. #, etc.													
City & State		City & State													
Zip	Country	Zip	Country	4. FEI Number 59-2819632	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable										
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required											
6. Name and Address of Current Registered Agent GOODWILLER, STEVEN E. MD 402 W 19TH ST. PANAMA CITY FL 32405			7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td colspan="2">Name</td></tr> <tr><td colspan="2">Street Address (P.O. Box Number is Not Acceptable)</td></tr> <tr><td colspan="2"> </td></tr> <tr> <td>City</td> <td>Zip Code</td> </tr> <tr> <td>FL</td> <td> </td> </tr> </table>			Name		Street Address (P.O. Box Number is Not Acceptable)				City	Zip Code	FL	
Name															
Street Address (P.O. Box Number is Not Acceptable)															
City	Zip Code														
FL															
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 _____ (NOTE: Registered Agent signature required when applicable) DATE _____															
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees												
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11												
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST GOODWILLER, JENNIFER C. 328 S BONITA AVENUE PANAMA CITY FL	<input type="checkbox"/> Delete													
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GOODWILLER, STEVEN E. 328 S. BONITA AVENUE PANAMA CITY FL	<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"/> Delete													
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: _____ 3/1/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR															
Date: _____ Daytime Phone #: _____															