

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 09, 2004 08:00 AM
Secretary of State

DOCUMENT # K82132

1. Entity Name
**PROFESSIONAL MEDICAL ASSOCIATES OF
NORTHWEST FLORIDA, INC.**



Principal Place of Business

**5150 S. FERDON BLVD.
CRESTVIEW, FL 32536**

Mailing Address

**5150 S. FERDON BLVD.
CRESTVIEW, FL 32536**

DO NOT WRITE IN THIS SPACE



07072004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2931122

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LUNDY AND BOWERS, CPA, P.A.
1584 S. PEARL STREET
CRESTVIEW, FL 32536**

**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 one if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

| | |
|----------------|----------------------|
| TITLE | PTD |
| NAME | LEO, A. ROSS |
| STREET ADDRESS | 5150 SO FERDON BLVD |
| CITY-ST-ZIP | CRESTVIEW, FL 32536 |
| TITLE | VSD |
| NAME | LEO, TERESA C |
| STREET ADDRESS | 5150 SO. FERDON BLVD |
| CITY-ST-ZIP | CRESTVIEW, FL 32536 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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07/09/04-80002-012 158.75

**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 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: *A. Ross Leo - President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-7-04

Date

850-837-0062

Daytime Phone #