


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000043008	
1. Entity Name LAWRENCE E. MOBLEY, III, M.D., P.A.	

Principal Place of Business 4400 BAYOU BLVD #51 PENSACOLA, FL 32503	Mailing Address 4400 BAYOU BLVD #51 PENSACOLA, FL 32503
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DO NOT WRITE IN THIS SPACE



06042007 No Chg-P CR2E034 (11/05)

4. FEI Number 55-0830611	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MOBLEY, LAWRENCE E PRES. 5705 AVENIDA MARINA PENSACOLA, FL 32504

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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 reinstating)	DATE _____
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FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MOBLEY, III, LAWRENCE E M.D 4400 BAYOU BLVD #51 PENSACOLA, FL 32503
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <i>Lawrence E. Mobley, M.D.</i>	M.D. (Lawrence E. Mobley, M.D.)	6/4/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date

Daytime Phone #
(850) 484-7775