

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000070667

Entity Name: RICKY P. LOCKETT, D.O., P.A.

**FILED**  
**Mar 25, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1501 FIFTH AVE. NORTH  
SAINT PETERSBURG, FL 33705 US

**New Principal Place of Business:**

**Current Mailing Address:**

2395 OLD COACH TRAIL  
CLEARWATER, FL 33765 US

**New Mailing Address:**

FEI Number: 59-3207217

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LOCKETT, RICKY  
2395 OLD COACH TRAIL  
CLEARWATER, FL 33765 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: LOCKETT, RICKY  
Address: 2395 OLD COACH TRAIL  
City-St-Zip: CLEARWATER, FL 33765

Title: S  
Name: LOCKETT, KATHRYN  
Address: 2395 OLD COACH TRAIL  
City-St-Zip: CLEARWATER, FL 33765

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RICKY LOCKETT

DP

03/25/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date