
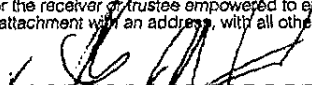


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000008517		
1. Entity Name STEPHEN M. BUTLER, M.D., P.A.		
Principal Place of Business 1602 W TIMBERLANE DR PLANT CITY, FL 33567 US	Mailing Address 1602 W TIMBERLANE DR PLANT CITY, FL 33567 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BUTLER, STEPHEN M 1602 W TIMBERLANE PLANT CITY, FL 33567		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BUTLER, STEPHEN M 1602 WEST TIMBERLANE RD PLANT CITY, FL 33567	DO NOT WRITE IN THIS SPACE
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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: 		Date 5/19/05 Daytime Phone #



05042005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3231713

Applied For
Not Applicable

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

1100000367609
05/19/05-80002-014 150.00