

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90222 029 ***150.00

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**

2. Principal Place of Business - No P.O. Box #
1602 W. Timberlane Dr.

3. Mailing Address
1602 W Timberlane Dr.

Suite, Apt. #, etc.



01242008 Chg-P CR2E034 (12/06)

City & State
Plant City, FL

City & State
Plant City, FL

4. FEI Number
59-3231713

Applied For
Not Applicable

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

Zip Country Zip Country
33566-0929 33566-0929

6. Name and Address of Current Registered Agent
**BUTLER, STEPHEN M
1602 W TIMBERLANE
PLANT CITY, FL 33567**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
1602 W. Timberlane Dr.
City State Zip Code
Plant City FL 33566-0929

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTLER, STEPHEN M		NAME		
STREET ADDRESS	1602 WEST TIMBERLANE RD		STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY, FL 33567		CITY-ST-ZIP	Plant City, FL 33566-0929	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: **STEPHEN M BUTLER** 4/28/08 (813) 754-9892
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Date Daytime Phone #