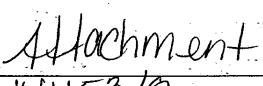
FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Jul 16, 2001 8:00 am Secretary of State H15349 DOCUMENT # 1. Entity Name 07-16-2001 90003 036 \*\*\*150.00 STAN M. PARKER, D.M.D., P.A. Principal Place of Business Mailing Address 110 E. NORTH AVE. 110 E. NORTH AVE. **BONIFAY FL 32425 BONIFAY FL 32425** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2435830 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PARKER, STAN M., D.M.D. Street Address (P.O. Box Number is Not Acceptable) 110 E. NORTH AVENUE **BONIFAY FL 32425** City Zip Code FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 П Trust Fund Contribution. Added to Fees (See criteria on back) $\Box$ Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (5/01) TITLE Delete TITLE Change ☐ Addition NAME PARKER, STAN M., D.M.D. NAME CR2E034 110 E. NORTH AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BONIFAY FL** CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change Addition PARKER, JUDY M NAME STREET ADDRESS STREET ADDRESS 110 E NORTH AVE CITY-ST-ZIP CITY-ST-ZIP **BONIFAY FL** ☐ Addition TITLE . Delete ---NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if

## Stan M. Parker, D.M.D., P.A.

110 East North Avenue Bonifay, FL 32425 (904) 547-9290 (850)





C10734165

July 6, 2001

Florida Dept. of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Stan M. Parker, D.M.D., P.A. FEI 59-2435830

I received my UBR form packet last week. I was devastated to find that this was a second notice and that I had been penalized for not returning it at the specified time. I can honestly say that I am sure that I did not receive my original packet. If you will check my account you will see that I always send it back on time with my payment. I talked with your office and was told that I could write explaining my situation and that hopefully this would help verify that the original packet did not make it to my office.

I do appreciate your consideration on my behalf. I will certainly be on the look out for my packet in the years to come. Once again thank you very much for your time and consideration.

ten M. Curry D.M. O.

Stan M. Parker, D.M.D.