

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H57184** (4)

1. Corporation Name

DETURE STONE ASSOCIATES, P.A.



Principal Place of Business

**C/O JAMES M. PORTERFIELD, JR., M.D.
1812 NORTH MILLS AVENUE
ORLANDO FL 32803
US**

Mailing Address

**C/O JAMES M. PORTERFIELD, JR., M.D.
1812 NORTH MILLS AVENUE
ORLANDO FL 32803
US**

3. Date Incorporated or Qualified

05/10/1985

3a. Date of Last Report

03/28/1995

4. FEI Number

59-2558465

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

C/O JAMES M. PORTERFIELD, JR., M.D.

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

**PORTERFIELD, JAMES M JR.
1812 W. MILLS AVE.
ORLANDO FL 32803**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and date it applies

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☒ Addition

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☐ Change ☒ Addition

VD

TD

VAN HAN, DAVID

**SD
1812 NORTH MILLS AVENUE
ORLANDO, FL**

**D
GUNDIAN JULIO
1812 NORTH MILLS AVENUE
ORLANDO, FL**

**D
KLAIMAN, ALAN
1812 NORTH MILLS AVENUE
ORLANDO, FL**

3/4/98

Date

Daytime Phone #

CR2E034 (12/95)