2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H57184

1. Entity Name

DETURE STONE ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
C/O JAMES M. PORTERFIELD, JR., M.D. 1812 NORTH MILLS AVENUE ORLANDO FL 32803 US	C/O JAMES M. PORTERFIELD JR M.D. 1812 NORTH MILLS AVENUE ORLANDO FL 32803-1854 US
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country
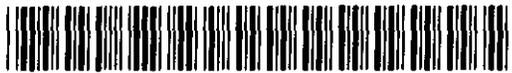
DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2558465**

Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PORTERFIELD, JAMES M JR. 1812 W. MILLS AVE. ORLANDO FL 32803	Name Street Address (P.O. Box Number is Not Acceptable) City _____ **FL** Zip Code

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)   DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	JABLONSKI, DONALD V. MD		NAME		
STREET ADDRESS	1812 NORTH MILLS AVENUE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		CITY-ST-ZIP		
TITLE	VD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	ACKERMAN, EDWARD MD		NAME		
STREET ADDRESS	1812 NORTH MILLS AVENUE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		CITY-ST-ZIP		
TITLE	TD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	PORTERFIELD, JAMES M., JR		NAME		
STREET ADDRESS	1812 NORTH MILLS AVENUE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		CITY-ST-ZIP		
TITLE	SD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	VAUGHAN, DAVID		NAME		
STREET ADDRESS	1812 NORTH MILLS AVENUE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO F		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	GUNDIAN, JULIO		NAME		
STREET ADDRESS	1812 NORTH MILES AVENUE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	KLAIMAN, ALLAN		NAME		
STREET ADDRESS	1812 NORTH MILLS AVENUE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		CITY-ST-ZIP		

CR2E034 (9/99)

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRE _____ 3/3/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #