2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H57184

FILED Jan 06, 2004 Secretary of State

Entity Name: DETURE STONE ASSOCIATES, P.A.

Current Principal Place of Business:			New Principal Place of Business:	
812 NOR	D J VAUGHAN TH MILLS AVE D, FL 32803			
Current Mailing Address:			New Mailing Address:	
812 NOR	D J VAUGHAN TH MILLS AVE D, FL 32803			
El Number	: 59-2558465	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
812 W. N	N, DAVID J JR MILLS AVE. D, FL 32803	US		
	e named entity s e of Florida.	ubmits this statement for the	purpose of changing its register	ed office or registered agent, or both,
SIGNATUI	RE:			
	Electroni	c Signature of Registered Ag	ent	Date
Election Car		c Signature of Registered Ag Trust Fund Contribution ().	ent	Date
		Trust Fund Contribution ().		Date BES TO OFFICERS AND DIRECTORS
OFFICER: itle: lame: .ddress:	mpaign Financing	Trust Fund Contribution (). FORS: Delete ID J JR		
DFFICER: ittle: lame: .ddress: bity-St-Zip: ittle: lame: .ddress:	S AND DIRECT PD () VAUGHAN, DAVI 1812 NORTH MI ORLANDO, FL	Trust Fund Contribution (). FORS: Delete ID J JR LLS AVENUE Delete Y R	ADDITIONS/CHANG Title: Name: Address:	GES TO OFFICERS AND DIRECTORS
	PD () VAUGHAN, DAVI 1812 NORTH MI ORLANDO, FL D () THILL, JEFFREY 1812 NORTH MI ORLANDO, FL	Trust Fund Contribution (). FORS: Delete D J JR LLS AVENUE Delete Y R LLS AVENUE Delete Delete Delete Delete Delete	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	GES TO OFFICERS AND DIRECTORS () Change () Addition
DFFICER: itle: lame: .ddress: itly-St-Zip: itle: lame: .ddress: itty-St-Zip: ittle: lame: .ddress:	PD () VAUGHAN, DAVI 1812 NORTH MI ORLANDO, FL D () THILL, JEFFREN 1812 NORTH MI ORLANDO, FL D () JABLONSKI, DA 1812 NORTH MI	Trust Fund Contribution (). FORS: Delete ID J JR LLS AVENUE Delete Y R LLS AVENUE Delete VID H LLS AVENUE Delete VID H LLS AVENUE	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	GES TO OFFICERS AND DIRECTORS () Change () Addition () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE:	DAVID J VAUGHAN, JR., M.D.	M.D.	01/06/2004