


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90141 048 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L41038					
1. Corporation Name JOHN DENNIS STOKES, M.D., P.A.					
Principal Place of Business 28960 U.S. HIGHWAY 19. N STE. 107 CLEARWATER FL 33761 US			Mailing Address 28960 U.S. HIGHWAY 19. N SUITE 107 CLEARWATER FL 33761 US		
2. Principal Place of Business 21 Suite, Apt. #, etc.--- 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc.--- 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified 01/03/1990	
4. FEI Number 59-2983742		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees			
7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
9. Name and Address of Current Registered Agent STOKES, JOHN 331 OCEANVIEW AVENUE PALM HARBOR FL 34683			10. Name and Address of New Registered Agent 81 Name Stokes, John 82 Street Address (P.O. Box Number is Not Acceptable) 3053 Harvest Moon Drive. 83 84 City Palm Harbor FL 85 Zip Code 34683		
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 <i>John D. Stokes</i> (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	PTD	<input type="checkbox"/> DELETE			
NAME	STOKES, JOHN DENNIS				
STREET ADDRESS	331 OCEANVIEW DR				
CITY-ST-ZIP	PALM HARBOR FL 34683				
TITLE	VS	<input type="checkbox"/> DELETE			
NAME	STOKES, GAYLE E				
STREET ADDRESS	331 OCEANVIEW DR				
CITY-ST-ZIP	PALM HARBOR FL 34683				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME	Stokes, John Dennis				
1.3 STREET ADDRESS	3053 Harvest Moon Drive				
1.4 CITY-ST-ZIP	Palm Harbor, FL 34683				
2.1 TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME	Stokes, Gayle E				
2.3 STREET ADDRESS	3053 Harvest Moon Drive.				
2.4 CITY-ST-ZIP	Palm Harbor, FL 34683				
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)