

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91192 001 ***150.00

DOCUMENT # **PO10000023977**

1. Entity Name

Stephane Talton, M.D., P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14427 Bruce Blvd

Suite, Apt. #, etc.

3. Mailing Address

14605 Livingston Ave

Suite, Apt. #, etc.

#118

City & State

Tampa, FL

City & State

Lutz, FL

4. FEI Number

593700796

Applied For

Not Applicable

Zip

33613

Country

USA

Zip

33559

Country

US

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

Cody Waters

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

501 E. Kennedy Blvd

Suite 1700

City

Tampa, FL

Zip Code

33602

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 fee 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)

☒

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Stephane Talton-Williams MD
14605 N Livingston Ave
#118
Lutz, FL 33559

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Stephane Talton-Williams MD

Signature and typed or printed name of signing officer or director

Date

4-30-02 (813) 866-4200

Daytime Phone

Stephane Talton-Williams MD

CR2E034B (12/01)