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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300022427303
08/19/03--01070--002 **550.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000023977

1. Entity Name
STEPHANIE TALTON, M.D., P.A.

Principal Place of Business	Mailing Address
14427 BRUCE DOWNS TAMPA, FL 33613	14605 LIVINGSTON AVE #118 LUTZ, FL 33559

2. Principal Place of Business		3. Mailing Address	
		15009 N. Florida Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Box 359	
City & State		City & State Tampa, FL	
Zip	Country	Zip 33549	Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3700796 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WATERS, CODY W
601 E KENNEDY BLVD STE 1700
TAMPA, FL 33602

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Stephanie Talt Williams MD 8-16-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TALTON, STEPHANIE 14605 N. LIVINGSTON AVE LUTZ, FL 33559	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Stephanie Talton-Williams 15009 N. Florida Ave. Box 359 Tampa, FL 33613	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Stephanie Talt Williams 8-16-03 813-785-3154
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

mail to Dept of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee FL 32314