


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 14, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90216 020 \*\*\*150.00

|  |   |
|--|---|
| <b>DOCUMENT # P01000114241</b><br>1. Entity Name<br>DENNIS STONE, M.D., P.A. |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br>3408 STATE ROAD 13 NO.<br>JACKSONVILLE, FL 32259 | Mailing Address<br>3408 STATE ROAD 13 NO.<br>JACKSONVILLE, FL 32259 |
|---|---|

66018756



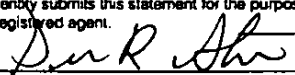
04182006 No Chg-P CR2E034 (11/05)

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|  |                               |
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| 4. FEI Number<br>59-3755683  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                               |

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br>STONE, DENNIS R M.D.<br>3408 STATE ROAD 13 NO.<br>JACKSONVILLE, FL 32259 |
|---|

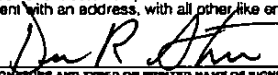
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|   |   |                |
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| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. |   |                |
| SIGNATURE   |  <u>Dennis R. Stone</u> | 6/5/06<br>DATE |
| <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agents signature required when reappointing)</small>   |   |                |

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DR.<br>STONE, DENNIS R M.D.<br>3408 STATE ROAD 13 NO.<br>JACKSONVILLE, FL 32259 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:   |  <u>6/5/06</u> | 904/230-3188<br>Daytime Phone |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |                               |