

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000114241

1. Entity Name
DENNIS STONE, M.D., P.A.



Principal Place of Business
**3408 STATE ROAD 13 NO.
JACKSONVILLE, FL 32259**

Mailing Address
**3408 STATE ROAD 13 NO.
JACKSONVILLE, FL 32259**



04062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3755683

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**STONE, DENNIS R M.D.
3408 STATE ROAD 13 NO.
JACKSONVILLE, FL 32259**

**DO NOT WRITE
IN THIS SPACE**

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

Dennis R Stone M.D.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-6-07
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DR.
STONE, DENNIS R M.D.
3408 STATE ROAD 13 NO.
JACKSONVILLE, FL 32259**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

U000000701898
04/20/07-80076-007 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Dennis R Stone M.D.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/07
Date

904/230-3188
Daytime Phone #