

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000012429

1. Entity Name
STEPHEN B. HULEN D.M.D., P.A.



Principal Place of Business
3838 U.S. 27 SOUTH
SUITE 4
SEBRING, FL 33870

Mailing Address
3838 U.S. 27 SOUTH
SUITE 4
SEBRING, FL 33870



01132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0586568

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HULEN, STEPHEN B DMD
3838 U.S. 27 SOUTH
SUITE 4
SEBRING, FL 33870

**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 _____

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

(NOTE: Registered Agent signature required when reissuing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME HULEN, STEPHEN B DMD
STREET ADDRESS 3838 US 27 SOUTH SUITE 4
CITY-ST-ZIP SEBRING, FL 33870

TITLE ST
NAME HULEN, DIANNE V
STREET ADDRESS 3838 US 27 SOUTH SUITE 4
CITY-ST-ZIP SEBRING, FL 33870

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP

000000007769
01/20/04-80038-006 150.00

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE: Stephen B Hulen dmd Stephen B Hulen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14 JAN 04 863-385-8422

Date

Daytime Phone #