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FILED
Jun 10, 2002 8:00 am
Secretary of State
05-21-2002 91163 035 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000008050

1. Entity Name
John J. Stablein, M.D., Inc.

DO NOT WRITE IN THIS SPACE

92252

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
500 VONDERBURG DRIVE	500 VONDERBURG DR.
Suite, Apt. #, etc. STE 103, East Tower	Suite, Apt. #, etc. STE 103, EAST TOWER
City & State Brandon, FL	City & State BRANDON, FL
Zip 33511 Country USA	Zip 33511 Country USA

4. FEI Number 65-0808268 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name STABLEIN, John J

Street Address (P.O. Box Number Is Not Acceptable)
500 VONDERBURG DRIVE
STE 103, EAST TOWER

City BRANDON FL Zip Code 33511

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
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	PRESIDENT John Stablein 500 VONDERBURG DRIVE, STE 103 BRANDON, FL 33511	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY Diane Stablein 500 VONDERBURG DRIVE, STE 103 BRANDON, FL 33511	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/01)

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Diane C Stablein 4/29/02 813-689-1288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #