

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 12, 2001 8:00 am**  
**Secretary of State**

0422713

**DOCUMENT # P98000059438**

1. Entity Name  
**DENIS W. STEWART, M.D., P.A.**

04-12-2001 90042 011 \*\*\*150.00

Principal Place of Business      Mailing Address  
 6806 CECELIA DRIVE                      6806 CECELIA DRIVE  
 NEW PORT RICHEY FL 34653              NEW PORT RICHEY FL 34653

2. Principal Place of Business      3. Mailing Address  
**5539 Marine Pkwy**                      **PO Box 1175**  
 Suite, Apt. #, etc.                      Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State      City & State      4. FEI Number      Applied For  
**New Port Richey, FL**      **New Port Richey, FL**      **59-3526190**       Not Applicable  
 Zip      Country      Zip      Country      5. Certificate Status Desired      \$8.75 Additional Fee Required  
**34653**      **USA**      **34656**      **USA**            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**WOLFE, RANDOLPH J**  
**201 N. FRANKLIN STREET**  
**SUITE 2100**  
**TAMPA FL 33602**

7. Name and Address of New Registered Agent  
 Name **Patrick L. Epting**  
 Street Address (P.O. Box Number, is Not Acceptable)  
**6806 Cecelia Dr.**  
 City **New Port Richey**      FL      Zip Code **34653**

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 **Patrick L. Epting, Executive Director**      DATE **4/4/01**  
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)      **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>STEWART, DENIS W M.D.</b>	
STREET ADDRESS	<b>6806 CECELIA DRIVE</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34653</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Patrick L. Epting</b>	
STREET ADDRESS	<b>6806 Cecelia Dr.</b>	
CITY-ST-ZIP	<b>New Port Richey FL. 34653</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE: **Denis W. Stewart**      Date **4-9-01**      Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)