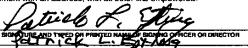
## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

## Apr 04, 2005 8:00 am Secretary of State **DOCUMENT # P98000059438** 1. Entity Name 04-04-2005 90053 020 \*\*\*150.00 DENIS W. STEWART, M.D., P.A. Principal Place of Business Mailing Address 5539 MARINE PKWY PO BOX 1175 **NEW PORT RICHEY, FL 34653 NEW PORT RICHEY, FL 34656** 01252005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3526190 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **EPTING, PATRICK L** DO NOT WRITE 6806 CECILA DR NEW PORT RICHEY, FL 34653 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE STEWART, DENIS W M.D. NAME 6806 CECELIA DRIVE STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34653 TITLE EPTING, PATRICK NAME STREET ADDRESS 6806 CECELIA DR COTY-ST-7P NEW PORT RICHEY, FL 34653 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TIT! F NAME STREET ADDRESS CITY-ST-ZIP NAME

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

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP



**FILED**