

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000059438

FILED  
Apr 24, 2006  
Secretary of State

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

**Current Principal Place of Business:**

5539 MARINE PKWY  
NEW PORT RICHEY, FL 34653

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1175  
NEW PORT RICHEY, FL 34656

**New Mailing Address:**

FEI Number: 59-3526190

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

EPTING, PATRICK L  
6806 CECILA DR  
NEW PORT RICHEY, FL 34653 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: STEWART, DENIS W M.D.  
Address: 6806 CECELIA DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: S ( ) Delete  
Name: EPTING, PATRICK  
Address: 6806 CECELIA DR  
City-St-Zip: NEW PORT RICHEY, FL 34653

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICK L. EPTING

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04/24/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date