


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000059438 1. Entity Name DENIS W. STEWART, M.D., P.A.	
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FILED

2007 OCT 17 PM 4:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 5539 MARINE PKWY NEW PORT RICHEY, FL 34653	Mailing Address PO BOX 1175 NEW PORT RICHEY, FL 34656
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. 4128 Causeway Vista Dr.	3. Mailing Address Suite, Apt. #, etc. 4128 Causeway Vista Dr.	10102007 REIN-P CR2E098 (1/07)
City & State TAMPA, FL	City & State Tampa, FL	4. FEI Number 59-3526190
Zip 33615	Country USA	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent EPTING, PATRICK L 6806 CECILA DR NEW PORT RICHEY, FL 34653	7. Name and Address of New Registered Agent Name Denis W. Stewart, MD Street Address (P.O. Box Number is Not Acceptable) 4128 Causeway Vista Dr. City Tampa FL Zip Code 33615
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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 Denis W. Stewart MD DATE 10/12/07

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

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEWART, DENIS W M.D. 6806 CECELIA DRIVE NEW PORT RICHEY, FL 34653	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Denis W. Stewart, MD 4128 Causeway Vista Dr. Tampa, FL 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EPTING, PATRICK 6806 CECELIA DR NEW PORT RICHEY, FL 34653	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400110922084 10/17/07--01079--010 **158.75
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REINSTATEMENT 2007

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

Denis W. Stewart MD 10/12/07