

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 OCT 17 PM 4:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

Principal Place of Business: **5539 MARINE PKWY  
NEW PORT RICHEY, FL 34653**  
Mailing Address: **PO BOX 1175  
NEW PORT RICHEY, FL 34656**

2. Principal Place of Business - No P.O. Box #  
3. Mailing Address  
Suite, Apt. #, etc. **4128 Causeway Vista Dr.** Suite, Apt. #, etc. **4128 Causeway Vista Dr.**  
City & State **Tampa, FL** City & State **Tampa, FL**  
Zip **33615** Country **USA** Zip **33615** Country **USA**

10102007 REIN-P CR2E098 (1/07)  
4. FEI Number **59-3526190** Applied For  
Not Applicable  
5. Certificate of Status Desired  **\$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**

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)

**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.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STEWART, DENIS W M.D.</b> <input checked="" type="checkbox"/> Delete <b>6806 CECILIA DRIVE</b> <b>NEW PORT RICHEY, FL 34653</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input checked="" type="checkbox"/> Delete <b>EPTING, PATRICK</b> <b>6806 CECILIA DR</b> <b>NEW PORT RICHEY, FL 34653</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Denis W. Stewart, MD</b> <b>4128 Causeway Vista Dr.</b> <b>Tampa, FL 33615</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>400110922084</b> <b>10/17/07--01079--010 **158.75</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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