

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2003 8:00 am**  
**Secretary of State**

02-26-2003 90127 044 \*\*\*150.00

**DOCUMENT #** P98000069891

**1. Entity Name**  
STEFAN L. STANESCU, M.D., P.A.



**Principal Place of Business**  
~~201 HELATH PARK BOULEVARD~~  
~~214~~ =  
~~ST. AUGUSTINE FL 32086~~

**Mailing Address**  
P O BOX 9018  
ST. AUGUSTINE FL 32085



**2. Principal Place of Business**  
105 Southpark Blvd,  
Suite, Apt. #, etc.  
#B202

**3. Mailing Address**  
Suite, Apt. #, etc.

**City & State**  
St. Augustine, FL

**City & State**

**Zip** 32086 **Country** St. Johns **Zip** **Country**

☐ CHECK HERE IF MAKING CHANGES

**4. FEI Number** 59-3524851 **Applied For**  
Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
STANESCU, STEFAN MD  
~~790 ZAGLER DR~~  
~~STE 2~~  
~~PALATKA FL 32177~~ =

**7. Name and Address of New Registered Agent**  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
105 Southpark Blvd, Suite B202  
City St. Augustine FL Zip Code 32086

**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** \_\_\_\_\_  
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 May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing Trust Fund Contribution.** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	STANESCU, STEFAN L	
STREET ADDRESS	<del>201 HELATH PARK BOULEVARD #214</del>	
CITY-ST-ZIP	<del>ST. AUGUSTINE FL 32086</del>	
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		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	105 Southpark Blvd, Suite B202	
CITY-ST-ZIP	St. Augustine, FL 32086	
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		
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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		

**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:** *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/03 904-797-2663  
Date Daytime Phone #

CR2E034 (10/02)