

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 16, 1999 8:00 am  
Secretary of State

04-16-1999 90011 042 \*\*\*158.75

DOCUMENT # 604984

1. Corporation Name  
JACK E. DOMINIK, P.A.

Principal Place of Business  
6175 NW 153RD ST. #225  
MIAMI LAKES FL 33014

Mailing Address  
6175 NW 153RD ST. #225  
MIAMI LAKES FL 33014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/02/1974

4. FEI Number

59-1507825

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

DOMINIK, JACK  
6175 NW 153RD ST. #225  
MIAMI LAKES FL 33014

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SD  
NAME LEE ANNE LEBLANC  
STREET ADDRESS 6175 NW 153RD ST. #225  
CITY-ST-ZIP MIAMI LAKES FL 33014  
☒ DELETE

TITLE T  
NAME MELODY M. RANOS  
STREET ADDRESS 6175 NW 153RD ST. #225  
CITY-ST-ZIP MIAMI LAKES FL 33014  
☒ DELETE

TITLE PTD  
NAME DOMINIK, JACK E.  
STREET ADDRESS 6175 NW 153RD ST. #225  
CITY-ST-ZIP MIAMI LAKES FL  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE TD  
1.2 NAME Jennifer A. Thomsen  
1.3 STREET ADDRESS 6175 NW 153 ST. #225  
1.4 CITY-ST-ZIP MIAMI LAKES, FL 33014  
☐ Change ☒ Addition

2.1 TITLE Assistant TSS  
2.2 NAME Diane Renley  
2.3 STREET ADDRESS 6175 NW 153 ST. #225  
2.4 CITY-ST-ZIP MIAMI LAKES, FL 33014  
☐ Change ☒ Addition

3.1 TITLE S  
3.2 NAME Silvana Wilshire  
3.3 STREET ADDRESS 6175 NW 153 ST. #225  
3.4 CITY-ST-ZIP MIAMI LAKES, FL 33014  
☐ Change ☒ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 556 7000

CR2E034 (11/98)

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