

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90016 041 ***150.00

DOCUMENT # 611572

1. Corporation Name

**JAY S. REESE, M.D. - TEMPLE TERRACE PROFESSIONAL
AL ASSOCIATION**

Principal Place of Business

10320 N 56TH ST
TEMPLE TERRACE FL 33617

Mailing Address

10320 N 56TH ST
TEMPLE TERRACE FL 33617

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/02/1979

4. FEI Number

59-1923768

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

REESE, JAY S.
10320 N 56TH ST
TEMPLE TERRACE FL 33617

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

1. 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

OFFICERS AND DIRECTORS

LE	D	<input type="checkbox"/> DELETE
ME	REESE, JAY S	
REET ADDRESS	10320 N 56TH ST	
Y-ST-ZIP	TEMPLE TERR, FL 00000 33617	
LE	PST	<input type="checkbox"/> DELETE
VE	REESE, JAY S	
REET ADDRESS	10320 N 56TH	
Y-ST-ZIP	TEMPLE TERR, FL 00000 33617	
LE	V-	<input type="checkbox"/> DELETE
VE	REESE, ANN E.	
REET ADDRESS	4818 LONDONDERRY DR	
Y-ST-ZIP	TAMPA FL 33647	
LE		<input type="checkbox"/> DELETE
ME		
REET ADDRESS		
Y-ST-ZIP		
LE		<input type="checkbox"/> DELETE
ME		
REET ADDRESS		
Y-ST-ZIP		
LE		<input type="checkbox"/> DELETE
ME		
REET ADDRESS		
Y-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE:

Jay S. Reese, M.D.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jay S. Reese, M.D.

7-2-99 813-988-1171

Date

Daytime Phone #

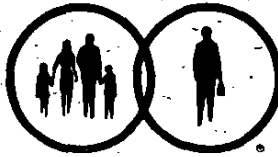
CR2E034 (5/99)

583455-90016-41

611572

JAY S. REESE, M.D.

TEMPLE TERRACE



PROFESSIONAL ASSOCIATION

July 2, 1999

Division of Corporations
Florida Department of State
P. O. Box 6327
Tallahassee, Florida 32314

Dear Sir:

Yesterday I received your Second Notice of 1999 Profit Corporation Annual Report Packet. ~~I have not previously this year received a first notice.~~

We are quite cognizant of the multiple papers which we must keep track of and file. We are certain that no such mailing was received here at any time this year.

As directed by your office, I am enclosing the regular fee with my report.

Yours truly,

Jay S. Reese, M. D.

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