


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
DOCUMENT # F12602 1. Corporation Name FRANK M. POLACK, M.D., P.A.		

Principal Place of Business 2521 NW 41ST ST GAINESVILLE FL 32606 US	Mailing Address 1013 SW SECOND AVE GAINESVILLE FL 32601 2521 NW 41ST STREET GAINESVILLE, FL 32606
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent POLACK, FRANK M 1013 SW SECOND AVE 2521 NW 41ST STREET GAINESVILLE FL 32606	
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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.	
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SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS	
TITLE	NAME
STREET ADDRESS	CITY-STATE-ZIP
<input type="checkbox"/> DELETE	
TITLE	NAME
STREET ADDRESS	CITY-STATE-ZIP
<input type="checkbox"/> DELETE	
TITLE	NAME
STREET ADDRESS	CITY-STATE-ZIP
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TITLE	NAME
STREET ADDRESS	CITY-STATE-ZIP
<input type="checkbox"/> DELETE	
TITLE	NAME
STREET ADDRESS	CITY-STATE-ZIP
<input type="checkbox"/> DELETE	

FILED
JUL 14 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/01/1981	4. FEI Number 59-2046951
5. Certificate of Status Desired <input type="checkbox"/>	Applied For <input type="checkbox"/> Not Applicable
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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.

SIGNATURE: V. J. Jensen 7-12-99

FRANK M. POLACK, M.D.
OPHTHALMOLOGY
DISEASES AND SURGERY OF THE CORNEA

June 9, 1999

Annual Reports Filings
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

RE: Document #F12602 - FEI #59-2046951


Sirs:

By separate mail we have sent payment of \$150.00 for filing the 1999 Profit Corporation Annual Report, as we have done for many years. The reason why this was not paid in time to comply with the law, was because the first notice (packet) never reached this office. Instead, it was mailed to the old one, 1013 SW 2nd Avenue, Gainesville, FL 32601. Doctor Polack moved his practice in April of 1998 to the present address, of which your office was notified.

We would appreciate very much if you would reconsider fining Dr. Polack \$400 for a mistake that was not his fault.

Thank you very much.

Sincerely yours,



P.G. Polack
Office Manager