

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 # **H78163**

1. Corporation Name

THOMAS J. FLYNN, M.D., P.A.

Principal Place of Business

1895 KINGSLEY AVE.
SUITE 805
ORANGE PARK FL 32073
US

Mailing Address

1895 KINGSLEY AVE.
SUITE 805
ORANGE PARK FL 32073
US

2. Principal Place of Business

21 **2035 Professional Center Drive**

Suite, Apt. #, etc.

22 **Ste. C**

City & State

23 **Orange Park, FL**

Zip

24 **32073**

Country

25 **US**

2a. Mailing Address

26 **2035 Professional Center Drive**

Suite, Apt. #, etc.

27 **Ste. C**

City & State

28 **Orange Park, FL**

Zip

29 **32073**

Country

30 **US**

9. Name and Address of Current Registered Agent

FLYNN, THOMAS J., M.D.
1895 KINGSLEY AVE #805
ORANGE PARK FL 32073

3. Date Incorporated or Qualified

09/27/1985

4. FEI Number

59-2592888

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. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name **Thomas J. Flynn, M.D.**

82 Street Address (P.O. Box Number is Not Acceptable)
2035 Professional Center Drive, Ste. C

83

84 City **Orange Park**

FL

85 Zip Code
32073

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

Thomas J. Flynn, M.D., P.A.
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/13/99

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **FLYNN, THOMAS J.**
STREET ADDRESS **1895 KINGSLEY AVE #805**
CITY-ST-ZIP **ORANGE PARK FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **Thomas J. Flynn**
1.3 STREET ADDRESS **2035 Professional Center Drive, Ste. C**
1.4 CITY-ST-ZIP **Orange Park, FL 32073**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

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

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

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:

Thomas J. Flynn, M.D., P.A.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/13/99

904280384

FILED
Jul 22, 1999 8:00 am
Secretary of State

07-22-1999 90018 027 ***550.00

534071-90018-27



DO NOT WRITE IN THIS SPACE

CR2E034 (5/99)