

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 20, 1999 8:00 am  
Secretary of State

04-20-1999 90061 012 \*\*\*150.00

DOCUMENT # J02275

1. Corporation Name

L. DENNISON REED, PSY.D., P.A.

Principal Place of Business

8551 W. SUNRISE BLVD. #206  
PLANTATION FL 33322  
US

Mailing Address

6308 NW 65 TERR  
PARKLAND FL 33067

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/05/1986

4. FEI Number

59-2651768

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 12018 CAMINO GARDENS

Suite, Apt. #, etc. BLVD.

22 SUITE 301

City & State

23 BOCA RATON, FL

Zip Country

24 33422 25 U.S.A.

2a. Mailing Address

26 1169 HILLSBORO MILE

Suite, Apt. #, etc.

27 UNIT 705

City & State

28 HILLSBORO BEACH, FL

Zip Country

29 33062 30 U.S.A.

9. Name and Address of Current Registered Agent

REED, L. DENNISON  
6308 NORTHWEST 65TH TERRACE  
PARKLAND FL

10. Name and Address of New Registered Agent

81 Name  
REED, L. DENNISON

82 Street Address (P.O. Box Number is Not Acceptable)  
1169 HILLSBORO MILE

83 UNIT 705

84 City  
HILLSBORO BEACH

85 Zip Code  
FL 33062

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 SPT ☐ DELETE

NAME REED, L. DENNISON

STREET ADDRESS 6308 NW 65TH TERRACE

CITY-ST-ZIP PARKLAND FL 33067

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

REED, L. DENNISON  
1169 HILLSBORO MILE, #705  
HILLSBORO BEACH, FL 33062

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

L. DENNISON REED

Date

Daytime Phone #

(561) 291-2418

CR2E034 (11/98)