FILED

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90296 044 ***150.00

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

DOCUMENT # **J31117**

1. Corporation Name

TERRENCE J. BARRY, INC.

···			···				4					
Principal Place	e of Business	M	ailing Address									
7100 WEST 20TH AVENUE 7150 WEST 20TH AVENUE SUITE 111 412												
HIALEAH FL 33016			HIALEH FL 33016				DO NOT WRITE IN THIS SPACE					
US US							3. Date Incorporated or Qualifed					
								09/02/1986				
2. Principal Place of Business			2a. Mailing Address				4.	. FEI Number	Ţ	Apr	lied For	
21			26				-	59-2719994	Not Applicable			
Suite, Apt. #, etc.			Suite, Apt. #, etc.				\$8.75 Additional					
			7				D.	. Certifcate of Status Desired	Fe	e Rec	luired	
City & State			City & State				6. Election Campaign Financing \$5.00 May Be					
23			28				Trust Fund Contribution Added to Fees					
Zip Country			Zip Country				8. This corporation owes the current year Intangiale					
24 25			9 30				Personal Property Tax.					
	9. Name and Address of Curren	t Regis	tered Agent				10.	. Name and Address of New Registered A	gent			
					81	Name						
MUSSMAN, JAY D				}	82 Street Add			dress (P.O. Box Number is Not Acceptable)				
5881 NW 151 STREET 101						Sireet Addre	ddless (F.O. Box Number is Not Acceptable)					
MIAN	/II LAKES FL 33014				83						_	
									I	7:- 0		
				j	84	City		FL	85	Zip C	ode	
'11 Pursuant	to the provisions of Sections 607.050	2 and 6	07.1508. Florida Statute	es, the ab	ove	L e-named corpo	ratio	on submits this statement for the purpose of C	nangir	ng its i	egistered	
office or re	egistered agent, or both, in the State	of Florid	da. Such change was at	uthonzed	by 1	the corporation	n's bo	oard of directors. I hereby accept the appoint	ment	as reg	istered	
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.												
SIGNATURE	Signature, typed or printed name of registered ager	when r	reinstating) DATE									
12.	OFFICERS AN			13.				ADDITIONS/CHANGES TO OFFICERS AND	DIRE	сто	RS IN 12	
TITLE				-	.1 TITLE				Cha		Addition	
NAME	BARRY, TERRENCE J., MD			1.2 NAJ	Æ							
STREET ADDRESS 7100 WEST 20TH AVENUE #11			1.3 STREET ADDRESS			TADORESS					l	
	HIALEAH FL 33016	• •	1.4 CITY-ST-Z			•					!	
CITY-ST-ZIP TITLE	110/22/01/12/00/10		☐ DELETE	2.1 TITI		1-21			☐ Cha	ange	Addition	
ļ	•			2.2 NA						•		
NAME	· · · · · · · · · · · · · · · · · · ·			ı		ADDRESS					1	
STREET ADDRESS				1								
CITY-ST-ZIP			☐ DELETE	2. 4 CF		11-2119			[] Chi	ange	Addition	
TITLE			OLLE!E	3.1 HII				•		U -	_	
NAME [•	ı							1	
STREET ADDRESS						TADDRESS						
CITY-ST-ZIP			☐ DELETE	3.4. CIT 4.1 TITI	_	IT-ZIP			Ch:	anno	Addition	
TITLE			☐ DETE(E		_	-				ange		
NAME [4. 2 NA		[
STREET ADORESS				4.3 STF	REET	ADDRESS					ļ	
CITY-ST-ZIP				4,4 CIT		T-ZIP			C1 ^*		- Additi	
TITLE			☐ DELETE	5.1 TIT					Chi	ange	☐ Addition	
NAME				5.2 NA		1						
STREET ADDRESS	•					ADDRESS		•	٠			
CITY-ST-ZIP				5.4 CIT		T-ZIP						
TITLE			☐ DELETE	6.1 TITI					☐ Chi	ange	☐ Addition	
NAME				6.2 NA	ИE			•				
STREET ADDRESS				6.3 ST	REET	ADDRESS					}	

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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP