

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

1

0024871

PROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

98 JUL 17 PM 12: 07

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DOCUMENT # **K55248** (4)
 1. Corporation Name
LAWRENCE M. REISS, M.D., P.A.

Principal Place of Business
 3880 NORTH 40TH AVENUE
 HOLLYWOOD FL 33021
 US

Mailing Address
 3880 NORTH 40TH AVENUE
 HOLLYWOOD FL 33021
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 3880 N. 40 AVE
 Suite, Apt. #, etc.
 22
 City & State
 23 HOLLYWOOD FL
 Zip 33021 Country B O O

2a. Mailing Address
 26 3880 N. 40 AV
 Suite, Apt. #, etc.
 27
 City & State
 28 HOLLYWOOD FL
 Zip 33021 Country B O O

3. Date Incorporated or Qualified
 01/03/1989

4. FEI Number
 65-0093744 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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
 HOFFMAN, MARTIN L.
 909 N. MIAMI BCH BLVD
 #201
 N. MIAMI BCH FL 33162

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 85 Zip Code
 FL

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	REISS, LAWRENCE M.	
STREET ADDRESS	3880 NORTH 40TH AVENUE	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	REISS, TOBI	
STREET ADDRESS	3880 NORTH 40TH AVENUE	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	S	<input type="checkbox"/> DELETE
NAME	REISS, TOBI	
STREET ADDRESS	3880 N 40 AVE	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-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	

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 ****150.00 ****150.00

7/17/98

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: *Lawrence M. Reiss* 7/8/98 (954) 987-4330

CR2E034 (5/98)

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Lawrence M. Reiss

3880 North 40 Avenue, Hollywood, Florida 33021

July 8, 1998

Department of State
Division of Corporations
Annual Report Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: Lawrence M. Reiss, M.D., P.A.
FBI Number 65-0093744

Dear Sirs:

The corporation, Lawrence Mr. Reiss, M.D., P.A. ceased to be actively participating in business at the end of 1995. However, since some income lagged behind and was not received until 1996, we maintained a bank account, filed tax returns, and annual reports, as required by law.

During 1997, there was almost no activity. A total of five checks were written, including the one for the 1996 annual report. The last check was written in August, 1997. Thus, in the last twelve months, there has been no activity at all in the above corporation.

Understandably, no one has given it much thought at all until yesterday's arrival of the annual report form to my home address where all correspondence was requested to be sent. To my surprise, it said "second notice" and asked for a larger fee. Upon examination of the envelope, it became apparent that it was somehow sent to the wrong address. Apparently, this second time, unlike the first time, someone rerouted it to my home. I have enclosed a copy of the outside envelope with the original wrong address and the corrections made by some one else. I have also made all necessary corrections on the inside form.

When I called your office this morning to ask what I should do, they suggested I include only the original required \$150.00, and write this letter of explanation. I trust this letter and the accompanying copy of the envelope are sufficient.

Thank you for your consideration of this matter.

Sincerely,



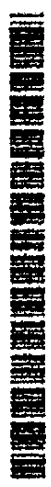
Lawrence M. Reiss, M.D.

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FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State

DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, Florida 32314



PRESORTED
FIRST-CLASS MAIL
U.S. POSTAGE PAID
FLORIDA DIVISION OF CORPORATIONS
4521

0024871 AF **AUTO T9 2 1297 33021-193880 K55248
LAWRENCE M. REISS, M.D., P.A.
3380 NORTH 40TH AVENUE
HOLLYWOOD FL 33021-1938
US

2880