

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).

FILED
Jul 12, 1999 8:00 am
Secretary of State

07-12-1999 90003 008 ***550.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # M88502

1. Corporation Name
 JOHN F. BREEN, M.D., P.A.



Principal Place of Business: 2509 W. CREST AVE. TAMPA FL 33614
 Mailing Address: 2509 W. CREST AVE. TAMPA FL 33614

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
2509 W. CREST AVE.		2509 W. CREST AVE.		07/01/1988	
TAMPA FL 33614		TAMPA FL 33614		4. FEI Number	
				59-2912585	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
Trust Fund Contribution				8. This corporation owes the current year	
<input type="checkbox"/>				Intangible Personal Property.	
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
 BREEN, JOHN, MD
 2509 W. CREST AVE.
 TAMPA FL 33614

10. Name and Address of New Registered Agent

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

1. 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: _____
 Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	BREEN, JOHN F.	1.2 NAME	
3. STREET ADDRESS	2509 W. CREST AVE.	1.3 STREET ADDRESS	
4. CITY-ST-ZIP	TAMPA FL 33614	1.4 CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		2.2 NAME	
7. STREET ADDRESS		2.3 STREET ADDRESS	
8. CITY-ST-ZIP		2.4 CITY-ST-ZIP	
9. TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		3.2 NAME	
11. STREET ADDRESS		3.3 STREET ADDRESS	
12. CITY-ST-ZIP		3.4 CITY-ST-ZIP	
13. TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		4.2 NAME	
15. STREET ADDRESS		4.3 STREET ADDRESS	
16. CITY-ST-ZIP		4.4 CITY-ST-ZIP	
17. TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		5.2 NAME	
19. STREET ADDRESS		5.3 STREET ADDRESS	
20. CITY-ST-ZIP		5.4 CITY-ST-ZIP	
21. TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		6.2 NAME	
23. STREET ADDRESS		6.3 STREET ADDRESS	
24. CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: _____ DATE: _____ DAYTIME PHONE #: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/99)