2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 29, 2007 8:00 am **Secretary of State** DOCUMENT # P03000065141 01-29-2007 90088 033 ***150.00 TIFFANY M. JESSEE D.O. P.A. Principal Place of Business Mailing Address 2039 INDIAN ROCKS RD 2039 INDIAN ROCKS RD LARGO, FL 33774 LARGO, FL 33774 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01152007 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For -42-1544661 42-1594661 Not Applicable Country \$8.75 Additional П 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JESSEE, TIFFANY M Street Address (P.O. Box Number is Not Acceptable) 2039 INDIAN ROCKS RD LARGO, FL 33774 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing П Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DPST TITE F Delete TIT) F Change | Addition NAME JESSEE, TIFFANY NAME STREET ADDRESS 2039 INDIAN ROCKS RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LARGO, FL 33774 ☐ Delete Change ___ Addition TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Chance Chance Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if

CITY-ST-ZIP

STREET ADORESS CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-7/P

STREET ADDRESS

TITLE

NAME

TIFFANY M JESSEE DO PRESIDENT

☐ Delete

FILED

☐ Change

■ Addition

ATTACHMENT

6000 8992

Tiffany M. Jessee, DO PA 2039 Indian Rocks Road Largo, Florida 33774

January 15, 2007

Division of Corporations

PO Box 1500

Tallahassee, FL 32302-1500

RE:

Document #P03000065141

2004 For Profit Corporation Annual Report

Please see the attached copy of my original filing of the Corporation Annual Report. The FEI Number (42-1594661) on this return is correct. However, the number was apparently entered into your system incorrectly and was, therefore, printed incorrectly on the 2005 and 2006 preprinted Annual Report forms as 42-1544661.

I have corrected this number on the 2007 Annual Report that I am presently filing. Please advise me if further steps on my part are necessary to correct this error.

Thank you for your assistance.

Tiffany M. Jessee, DO, President

Tiffany M. Jessee, DO PA

--- 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMEN7(# P03000065141)					7
1. Enuly Name TIFFANY M. JESSEE D.O. P.A.					,
TIFFANT	W. JESSEE D. G. E.A.			ATTACHMENT	
Principal Place	of Business	Mailing Address		1	
2039 INDIAN ROCKS RD		2039 INDIAN ROCKS	RD	.0004	
LARGO, FL 3	3774	LARGO, FL 33774		60008993	-41
2. Principal Place of Business		3. Mailing Address		-	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02192004 Chg-P CR2E034 (10/03)	
City & State		City & State		4. FEI Number Applied Applied Noi App	
Zip	Country	Zıp	Country	Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name and Address of C	urrent Registered Agent		7. Name and Address of New Registered Agent	
ECCEE T	DEEANIN M		Name		
JESSEE, TIFFANY M 2039 INDIAN ROCKS RD LARGO, FL 33774			Street Addre	ss (P.O. Box Number is Not Acceptable)	
			Сіту	FL Zip Code	
8. The above	named entity submits this state	ement for the purpose of changing	its registered office or rea	istered agent, or both, in the State of Florida I am familiar with, and	accept
	ions of registered agent				
SIGNATURE .					_
	Signature, typed or privated name of regulate	ired agers and tale 4 appricable. (N	IOTE: Regissered Agent signature rec	gured when remettleng) DATE	
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10.	OFFICER	RS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	11
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of the co	on this report or supplemental exporation or the receiver or trus	I report is true and accurate and th	hat my signature shall have port as required by Chapte	in Section 119,07(3)(i), Florida Statutes. I further certify that the infor- is the same legal effect as if made under oath; that I am an officer or o a 607, Florida Statutes; and that my name appears in Block 10 or 8k	director
SIGNA	TURE:	TYPED OR FRINTED NAME OF SIGNING OFFI	ICER OR DIRECTOR	(121) 584 - 76	<u>م کی م</u>