

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 90163 007 ***150.00

DOCUMENT # P93000042023

1. Corporation Name

LYNNE BARIS, R.N., INC.



Principal Place of Business

Mailing Address

**17490 TIFFANY TRACE DR
BOCA RATON FL 33487**

**17490 TIFFANY TRACE DR
BOCA RATON FL 33487**

**10445 154th Rd N
Jupiter FL 33478**

**10445 154th Rd N
Jupiter FL 33478**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 10445 154th Road, N.

26 10445 154th Road, N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Jupiter, FLA

Zip Country

24 33478 25 USA

27 City & State

28 Jupiter, FLA

Zip Country

29 33478 30 USA

3. Date Incorporated or Qualified

06/07/1993

4. FEI Number

65-0413160

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 ☒ Tangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**BARIS, LYNNE
17490 TIFFANY TRACE DR
BOCA RATON FL 33487**

**Lynne Morris
10445 154th Rd N
Jupiter FL
33478**

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE **D**

NAME **BARIS, LYNNE**

STREET ADDRESS **17490 TIFFANY TRACE DR**

CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE **561 7485394**

NAME **33478**

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

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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 ☐ Change ☐ Addition

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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: X Lynne Morris, President

4-13-99 561 7485394

Date

Daytime Phone #

CR2E034 (11/98)