

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000065567 (8)**

1. Corporation Name
LEANN NIESEN P.A.



Principal Place of Business 3047 BELL GROVE RD TALLAHASSEE FL 32308	Mailing Address 3047 BELL GROVE RD TALLAHASSEE FL 32308
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3231 Capital Medical Blvd.		2a. Mailing Address 3231 Capital Medical Blvd.		3. Date Incorporated or Qualified 09/20/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3206647	
City & State Tallahassee		City & State FL		Applied For ☐ Not Applicable	
Zip 32308		Zip 32308		Country	
Country		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Country		Country		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 NIESEN, LEANN 3047 BELL GROVE RD TALLAHASSEE FL 32308				10. Name and Address of New Registered Agent			
81. Name				82. Street Address (P.O. Box Number is Not Acceptable)			
83. City				84. City			
85. Zip Code				86. Zip Code			

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 *Leann Niesen* DATE 1/26/98

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D NIESEN	☐ DELETE		1.1 TITLE	☐ Change ☐ Addition		
NAME	NIESEN, LEANN			1.2 NAME			
STREET ADDRESS	3047 BELL GROVE RD			1.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32308			1.4 CITY-ST-ZIP			
TITLE		☐ DELETE		2.1 TITLE	☐ Change ☐ Addition		
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREET ADDRESS			
CITY-ST-ZIP				2.4 CITY-ST-ZIP			
TITLE		☐ DELETE		3.1 TITLE	☐ Change ☐ Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		☐ DELETE		4.1 TITLE	☐ Change ☐ Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		☐ DELETE		5.1 TITLE	☐ Change ☐ Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		☐ DELETE		6.1 TITLE	☐ Change ☐ Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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.

SIGNATURE *Leann Niesen* DATE 1/26/98 309-0378

CR2E034 (10/97)