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Apr 08, 1999 8:00 am  
Secretary of State

04-08-1999 90084 002 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000060278

1. Corporation Name  
JANIS L. CROSSKEY, O.D., P.A.

Principal Place of Business 7314 DESOTO STREET TAMPA FL	Mailing Address 7314 DESOTO STREET TAMPA FL
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
08/04/1995

4. FEI Number 59-3313329	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business 21 7816 Southside Blvd Suite, Apt. #, etc. 22 Suite 34 City & State 23 Jacksonville, FL Zip 24 32256 Country 25 U.S.	2a. Mailing Address 26 7816 Southside Blvd Suite, Apt. #, etc. 27 Suite 34 City & State 28 Jacksonville, FL Zip 29 32256 Country 30 U.S.
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9. Name and Address of Current Registered Agent

CROSSKEY, JANIS L  
7314 DESOTO STREET  
TAMPA FL

10. Name and Address of New Registered Agent

81 Name CROSSKEY-DORSEY, JANIS L.	82 Street Address (P.O. Box Number is Not Acceptable) 7816 Southside Blvd Apt 34	83 Suite Suite 34	84 City Jacksonville, FL	85 Zip Code 32256
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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 J. Crosskey-Dorsey, O.D., PA AND Associate 4/3/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	CROSSKEY, JANIS L O.D.
STREET ADDRESS	7314 DESOTO STREET
CITY-ST-ZIP	TAMPA FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CROSSKEY-DORSEY, JANIS L O.D.
1.3 STREET ADDRESS	AND ASSOCIATES
1.4 CITY-ST-ZIP	7816 Southside Blvd St 34 Jacksonville FL 32256
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	

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: J. Crosskey-Dorsey, O.D., PA AND Associate 4/3/99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 904-840-7380