PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9600004051

1. Corporation Name

REGINA GILLIS, P.A.

FIEGRA	CIELIO, I IA							
Principal Place	of Business	Mailing Address		_		T (O DISTO DE SIO I DISTO O DE DISTO O DE DE CONTROL DE DES	1 08311 01841 00101	1 41101 1101 1801
4012 WEST MCKAY AVE. 4012 WEST MCKAY AVE.								
4012 WEST MURAT AVE. 4012 WEST MURAT AVE. TAMPA FL 33609-4425								
MMLX LE 20000-4450						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
						01/10/1996		
2 Principal P	lace of Business	2a. Mailing Addr	ess			4. FEI Number	Ar	plied For
	lace of Dusifiess	⊢ •	000			59-3358652		ot Applicable
21	41 _ 1 _	26 Suite, Apt. #	oto			39 3330032		Additional
Suite, Apt.	#, etc.	27 Suite, Apt. #	610.			5. Certifcate of Status Desired	¥ ···	equired
City & State	e	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	<u></u> (Country		8. This corporation owes the current year I	ntangible	_
_	25 29 30			Personal Property Tax. ZYes No			⊬′_No	
24	9. Name and Address of Current Registered Agent					10. Name and Address of New Registere	d Agent	
3. Name and Address of Current Registered Agent					Name			
GILL	IS, REGINA							
4012 WEST MCKAY AVE.			82	Street Add	dress (P.O. Box Number is Not Acceptable)			
TAMPA FL 33609-4425				-				
IAM	FA FL 33009-4423			83				1
				84	City		. 85 Zip	Code
					1	F	L **	
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				nt signature requi	ired when reinstating) OATE	NO DIDECT	200 0140
12.	01110211011110		13.		ADDITIONS/CHANGES TO OFFICERS A		Addition	
TITLE			.1 TITLE		• • •	Change	ABBILION	
NAME	GILLIS, REGINA		1.2 NAME					
STREET ADDRESS	4012 WEST MCKAY AVE.		1.3 STREET ADDRESS					
CITY-ST-ZIP			I.4 CITY-S	T-ZIP				
TITLE				2.1 TITLE			☐ Change	Addition
NAME		- -		2.2 NAME	İ			-
Ļ			1		T ADDRESS			
STREET ADDRESS		-	1	2.4 CITY-S				
CITY-ST-ZIP					51-ZIP		Change	Addition
TITLE		П.		3.1 TITLE]			
NAME				3.2 NAME				
STREET ADDRESS			:	3.3 STREE	T ADDRESS			
CITY-ST-ZIP				3.4. CITY- S	ST-ZIP			
TITLE			ELETE	1.1 TITLE	1		☐ Change	Addition
NAME			Į.	1.2 NAME				{
STREET ADDRESS				4.3 STREE	TADDRESS			
				4.4 CITY- S	I	,		
CITY-ST-ZIP	 	П		5.1 T/TLE			Change	Addition
t	1		1	5.2 NAME				
NAME:	}		1		T ADDRESS			{
STREET ADDRESS					- 1			ζ.
CITY OT ZID	i			5.4 CITY-S	II-ZIP			t

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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90053 046 ***150.00

Change ☐ Addition