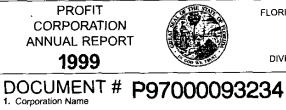
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

DENNIS LINSEY, O.D. P.A.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 12, 1999 8:00 am Secretary of State 03-12-1999 90037 004 ***300.00



))	
Principal Place of Business Mailing Address						1 (Batters 116 tall) (Batters and Batters			
8936 US HWY 19 N 12964 N DALE MABRY									
PORT RICHEY FL 34668 TAMPA FL 33618						DO NOT WRITE IN THIS SPACE			
U\$						3. Date Incorporated or Qualifed			
						10/29/1997			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	App	lied For	
26						59-3470627	Not	Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.						\$i	8.75 A	dditional	
27						5. Certificate of Status Desired	Fee Rec	uired	
City & State City & State						6. Election Campaign Financing	5.00 N	May Be	
28						Trust Fund Contribution	Added to	Fees	
Zip	Zip Country Zip			Country		This corporation owes the current year Intangib		_,.	
4	25 29		30			Personal Property Tax.		□No	
	9. Name and Address of Curre	ent Registered Agent		04	NI	10. Name and Address of New Registered Ager	<u></u>		
LING	EV DENNIC			81	Name				
LINSEY, DENNIS 12964 N DALE MABRY				82	Street Ac	Address (P.O. Box Number is Not Acceptable)			
TAMPA FL 33618									
I CIVI	FA FL 33010			83					
				84	City	# FL 85		ode :	
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig	te of Florida. Such change wa:	s authorized	1 bv 1	the corbora	orporation submits this statement for the purpose of chan ation's board of directors. I hereby accept the appointmen	ging its r nt as reg	registered istered	
SIGNATURE						ured when reinstation) DATE			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regis				i Ageni	t signature requ	ADDITIONS/CHANGES TO OFFICERS AND DI	RECTO	RS IN 12	
12.	OFFICERS AND DIRECTORS 13.			n c			Change	Addition	
TITLE	D DENNIC		1.2 N			_	ū		
NAME	LINSEY, DENNIS 12964 N DALE MABRY		l l		ADDRESS			ŀ	
STREET ADDRESS	TAMPA FL 33618		1.4 CITY-					1	
CITY-ST-ZIP	TAMPA PL 33010	DELETE	217		-212		Change	Addition	
			2.2 N		1				
NAME					ADDRESS			ļ	
STREET ADDRESS				2.4 CITY-ST-ZIP.					
CITY-ST-ZIP TITLE		DELETE	3.1 TI		1-24		Change	☐ Addition	
NAME		_	3.2 N						
STREET ADDRESS					ADORESS				
CITY-ST-ZIP				TY-S				}	
TITLE		☐ DELETE					Change	Addition	
NAME			4.21	IAME				İ	
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	}			1TY-S1				• }	
TITLE		DELETE					Change	Addition	
NAME			5.2 N	AME	Ì				
STREET ADDRESS			6.3 S	TREET	ADDRESS		•	}	
CITY-ST-ZIP			5.4 C	ITY-S1	r-ziP				
TITLE		DELETE	6.1 T	ITLE			Change	☐ Addition	
NAME			6.2 N	AME		•			
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			6.3 S	TREET	ADDRESS				
	I				1			1	

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 arn 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: