

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 27, 1999 8:00 am**  
**Secretary of State**

07-27-1999 90026 019 \*\*\*150.00

DOCUMENT # **P98000017232**

1. Corporation Name

**DR. SEAN CLAFFIE AND ASSOCIATES, O.D., P.A.**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 2201 B. EAST Fowler Ave		26 10010 Colonnade Drive		02/19/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 4 Suite B		27		59 34 96 850	
City & State		City & State		5. Certificate of Status Desired	
23 TAMPA, FL		28 TAMPA, FL		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	
24 33612	25 Hillsborough	29 33647	30 Hillsborough	<input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation owes the current year Intangible Personal Property.	
CLAFFIE, SEAN 11935 SW 15TH COURT DAVIE FL 33325				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

10. Name and Address of New Registered Agent	
81 Name	CLAFFIE, SEAN
82 Street Address (P.O. Box Number is Not Acceptable)	10010 Colonnade Drive
83	
84 City	TAMPA
85 Zip Code	FL 33647

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD <input type="checkbox"/> DELETE	1.1 TITLE	PSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAFFIE, SEAN	1.2 NAME	CLAFFIE, SEAN
STREET ADDRESS	11935 SW 15TH COURT	1.3 STREET ADDRESS	10010 Colonnade Dr
CITY-ST-ZIP	DAVIE FL 33325	1.4 CITY-ST-ZIP	TAMPA, FL 33647
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	VT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	CLAFFIE,
STREET ADDRESS		2.3 STREET ADDRESS	12311 Hiddenbrook Dr
CITY-ST-ZIP		2.4 CITY-ST-ZIP	TAMPA FL 33624
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/23/99 913 972 15 73

Date

Daytime Phone #

CR2E034 (5/99)

0070221

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596632-90026-19

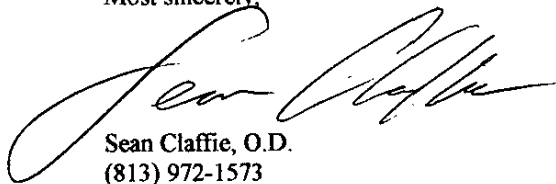
Florida Department of State  
Division of Corporations  
Annual Reports Filings  
PO Box 1500  
Tallahassee, FL 32302-1500  
RE: Document # P98000017232

Dr. Sean Claffie & Associates, O.D., PC  
Mailing Address  
10010 Colonnade Drive  
Tampa, FL 33647  
July 23, 1999

Dear Florida Department of Corporations:

I am writing to appeal the late fee for my 1999 filing of my annual report. We have moved across the state since incorporating in 1998 our new business address and mailing address is as written on this letter and our current filing form. Unfortunately we did not receive notice of the filing requirement until this week. Our accountant is a personal friend living out of state and was not on the lookout for this document but will be certain to comply in a timely manner in the future. We respectfully request that you waive the late penalty and accept our most sincere apologies. We are a very small business and the late fee would be a significant financial burden to us. Thank you and we deeply regret any confusion or inconvenience.

Most sincerely,



Sean Claffie, O.D.  
(813) 972-1573