


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).

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

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

0070221

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000017232  
 1. Corporation Name  
 DR. SEAN CLAFFIE AND ASSOCIATES, O.D., P.A.



Principal Place of Business: 11935 SW 15TH COURT DAVIE FL 33325  
 Mailing Address: 11935 SW 15TH COURT DAVIE FL 33325

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 2201 B. EAST Fowler Ave Suite, Apt. #, etc. 22 4 Suite B City & State 23 TAMPA, FL Zip 24 33612 Country 25 Hillsborough

2a. Mailing Address: 26 10010 Colonnade Drive Suite, Apt. #, etc. 27 City & State 28 TAMPA, FL Zip 29 33647 Country 30 Hillsborough

3. Date Incorporated or Qualified: 02/19/1998  
 4. FEI Number: 59 34 96 850 Applied For: Not Applicable  
 5. Certificate of Status Desired: \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees  
 8. This corporation owes the current year Intangible Personal Property: Yes No

9. Name and Address of Current Registered Agent  
 CLAFFIE, SEAN  
 11935 SW 15TH COURT  
 DAVIE FL 33325

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 FL 85 Zip Code: 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: Sean Claffie DATE: 7/23/99

12. OFFICERS AND DIRECTORS

TITLE: PSTD	<input type="checkbox"/> DELETE
NAME: CLAFFIE, SEAN	
STREET ADDRESS: 11935 SW 15TH COURT	
CITY-ST-ZIP: DAVIE FL 33325	
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: PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME: CLAFFIE, SEAN	
1.3 STREET ADDRESS: 10010 Colonnade Dr	
1.4 CITY-ST-ZIP: TAMPA, FL 33647	
2.1 TITLE: VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME: CLAFFIE,	
2.3 STREET ADDRESS: 12311 Hiddenbrook Dr	
2.4 CITY-ST-ZIP: TAMPA FL 33624	
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.

SIGNATURE: Sean Claffie DATE: 7/23/99 813 972 15 73

CR2E034 (5/99)

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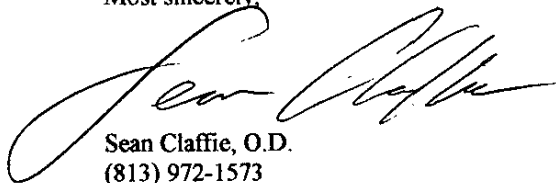
Florida Department of State  
Division of Corporations  
Annual Reports Filings  
PO Box 1500  
Tallahassee, FL 32302-1500  
RE: Document # P98000017232

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