


FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90059 012 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000045793

1. Corporation Name

PROFESSIONAL SOLUTIONS OF PINELLAS COUNTY, INC.

Principal Place of Business

101 69TH AVE N
ST PETERSBURG FL 33702

Mailing Address

101 69TH AVE N
ST PETERSBURG FL 33702

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/21/1998

4. FEI Number

59-3514895

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 Tax. ☐ Yes ☐ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

FLYNN, BARBARA J
101 69TH AVE N
ST PETERSBURG FL 33702

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 Barbara J Flynn

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

Barbara J Flynn, PresidentDATE 3/15/99

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	Barbara J Flynn	<input type="checkbox"/> DELETE
STREET ADDRESS	101-69th Ave. N.	<input type="checkbox"/> DELETE
CITY-ST-ZIP	St. Petersburg FL 33702	<input type="checkbox"/> DELETE

TITLE		<input type="checkbox"/> DELETE
NAME		<input type="checkbox"/> DELETE
STREET ADDRESS		<input type="checkbox"/> DELETE
CITY-ST-ZIP		<input type="checkbox"/> DELETE

TITLE		<input type="checkbox"/> DELETE
NAME		<input type="checkbox"/> DELETE
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CITY-ST-ZIP		<input type="checkbox"/> DELETE

TITLE		<input type="checkbox"/> DELETE
NAME		<input type="checkbox"/> DELETE
STREET ADDRESS		<input type="checkbox"/> DELETE
CITY-ST-ZIP		<input type="checkbox"/> DELETE

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: Barbara J Flynn Barbara J Flynn, President 3/16/99 (727) 525-1625

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25034 (1/99)