

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

DOCUMENT # **P98000075651**

1. Corporation Name

DR. STEPHEN D. GILLIGAN, D.C., P.A.

Principal Place of Business
**4213 WEST HILLSBORO BLVD.
COCONUT CREEK FL 33073**

Mailing Address
**4213 WEST HILLSBORO BLVD.
COCONUT CREEK FL 33073**

FILED
Jul 30, 1999 8:00 am
Secretary of State

07-30-1999 90009 004 ***150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/31/1998

4. FEI Number

65-0860872

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

10. Name and Address of New Registered Agent

**GILLIGAN, STEPHEN
4213 WEST HILLSBORO BLVD.
COCONUT CREEK FL 33073**

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

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 **SPDT** ☐ DELETE
NAME **GILLIGAN, STEPHEN**
STREET ADDRESS **4213 WEST HILLSBORO BLVD.**
CITY-ST-ZIP **COCONUT CREEK FL 33073**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURES REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/99

954 725 8000

Date

Daytime Phone #

CR2E034 (5/99)

59942-90009-4
P 98000075651
GOTTLIEB, KINKER & LAUFER, P.A.

Certified Public Accountants

Leonard Kinker, C.P.A.
Allan E. Laufer, C.P.A.

Murray J. Gottlieb, C.P.A.
Tracey J. Kinker Gebert, C.P.A.
Sharon K. Bloom, C.P.A.

2929 E. Commercial Blvd. • Suite 208
Fort Lauderdale, FL 33308
Tel.: (954) 772-5905 • Tel.: (954) 491-4401
Fax: (954) 772-0306
e-mail: gklcpas@bellsouth.net

July 28, 1999

State of Florida
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dr. Stephen D. Gilligan, D.C., P.A.
FEIN: 65-0860872
1999 Annual Report

Dear Sirs:

Please be advised that our client did not receive its original preprinted copy of the 1999 Annual Report. On July 12, 1999 a representative from our firm contacted your office and spoke to a Ms. Y. Fisher, who explained that there were several accounts that had not received their preprinted 1999 Annual Reports.

Enclosed please find the completed 1999 second request for the above mentioned taxpayers Annual Report along with my client's check for \$150.00 as advised by Ms. Fisher. Inasmuch that this was my client's first time to receive a preprinted annual report (incorporated August 31, 1998), and did not know to expect one, I feel the \$150.00 should be in full satisfaction of my client's 1999 Annual Report obligation. I thank you for your prompt attention to this matter.

Yours very truly,


Tracey Kinker Gebert, C.P.A.

Enclosure