

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 # **S19008** ✓

1. Corporation Name

LYNNE LEAVY, P.A.

Principal Place of Business

**2300 GLADES ROAD
EAST TOWER, SUITE 205
BOCA RATON FL 33431
US**

Mailing Address

**16876 RIVER BIRCH CIRCLE
DELRAY BEACH FL 33445
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/17/1990

4. FEI Number

65-0251110

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

**LEAVY, LYNNE
16876 RIVER BIRCH CIRCLE
DELRAY BEACH FL 33445**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LEAVY, LYNNE	
STREET ADDRESS	16876 RIVER BIRCH CIRCLE	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	LEAVY, LYNNE	
STREET ADDRESS	16876 RIVER BIRCH CIRCLE	
CITY-ST-ZIP	DELRAY BEACH FL	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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:

Lynne Leavy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

July 7, 1999

Daytime Phone #

561 338-8288

FILED
Jul 15, 1999 8:00 am
Secretary of State

07-15-1999 90008 004 ***150.00



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CR2E034 (5/99)

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588770-90008-4

LYNNE LEAVY, LCSW, ACSW
PSYCHOANALYTIC PSYCHOTHERAPY

2300 Glades Road, East
Suite 205
Boca Raton, Florida 33431

(407) 338-8288

CLINICAL DIPLOMATE, BCCSW

Dear Sir,

This is my second attempt
to file my 1999 annual
report, initially sent to you
on 4/14/99, check # 2934,
in the amt of \$150⁰⁰/₁₀₀

Please find enclosed
check # 3094 with
annual report.

Thank You
Lynne Levy