

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 23, 1999 8:00 am
Secretary of State
07-23-1999 90001 003 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V47711
1. Corporation Name
MARY ANNE PHILIPS, P.A.

Principal Place of Business 600 NE 3RD AVE. WRODg FT. LAUDERDALE FL 33301 1721 Southeast 4th Avenue Fort Lauderdale, Florida 33316	Mailing Address 600 NE 3RD AVE. FT. LAUDERDALE FL 33301 Mary Anne Philips, P.A. 1721 Southeast 4th Avenue Fort Lauderdale, Florida 33316
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2. Principal Place of Business 21 Mary Anne Philips, P.A. 22 1721 Southeast 4th Avenue 23 Fort Lauderdale, Florida 33316	2a. Suite Apt # etc 26 27 Mary Anne Philips, P.A. 28 1721 Southeast 4th Avenue 29 Fort Lauderdale, Florida 33316
3. Zip 24 Country 25 USA	30

9. Name and Address of Current Registered Agent PHILIPS, MARY ANNE 600 NE 3RD AVE FT. LAUDERDALE FL 33301 Mary Anne Philips, P.A. 1721 Southeast 4th Avenue Fort Lauderdale, Florida 33316	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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILIPS, MARY ANNE P.A.	1.2 NAME	Mary Anne Philips, P.A.
STREET ADDRESS	1721 Southeast 4th Avenue	1.3 STREET ADDRESS	1721 Southeast 4th Avenue
CITY-ST-ZIP	Fort Lauderdale, Florida 33316	1.4 CITY-ST-ZIP	Fort Lauderdale, Florida 33316
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
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: _____ July 13, 1999 (954) 523-0036

CR2E034 (5/99)

594397-90001-3
V47711

DRU D. LASHBROOK & ASSOCIATES, P.A.
CERTIFIED PUBLIC ACCOUNTANTS

Dru D. Lashbrook, CPA
Brian H. Wollard, CPA
David J. Fasano, CPA
Dean R. Lashbrook

*Member of the
Florida Institute of
Certified Public Accountants*

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Fort Lauderdale, Florida 33314
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Fax: (954) 581-2554
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July 20, 1999

Division of Corporations
Annual Reports Filings
PO Box 1500
Tallahassee, FL 32302-1500

Re: Mary Anne Phillips, P.A. – Doc.#V47711
1721 SE 4th Avenue
Ft. Lauderdale, FL 33316

To whom it may concern:

Enclosed please find the Corporate Annual Report and a check for \$150.00 for the above referenced taxpayer. The taxpayer never received the original annual report, but recently received a second notice.

My office called the State and was advised if the taxpayer filed as soon as possible the late fee would be waived. The taxpayer requests that the late fee be waived, and this second notice be accepted and filed.

Your assistance in this matter is appreciated. If you should have any questions, or need any additional information, please contact this office.

Sincerely,



Dru D. Lashbrook, CPA

DDL/kd
Enclosures