

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 601620 (8)

1. Corporation Name
JOHN J. ALLEN, M.D., P.A.



Principal Place of Business: 157 E NEW ENGLAND AVE STE 278 WINTER PARK FL 32789 US
Mailing Address: 157 E NEW ENGLAND AVE STE 278 WINTER PARK FL 32789 US

2. Principal Place of Business: 21 Suite, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

3. Date Incorporated or Qualified: 10/30/1969
3a. Date of Last Report: 02/21/1995
4. FEI Number: 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

ALLEN, JOHN J
157 E NEW ENGLAND AVE #278
WINTER PARK FL

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 607.0522 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: *John J. Allen* John J. Allen, President DATE: 3/7/96

12. OFFICERS AND DIRECTORS
1. TITLE: LPD; NAME: ALLEN, JOHN J; STREET ADDRESS: 157 E NEW ENGLAND AVE #278; CITY, ST, ZIP: WINTER PARK FL
2. TITLE: [DELETE]; NAME: [DELETE]; STREET ADDRESS: [DELETE]; CITY, ST, ZIP: [DELETE]
3. TITLE: [DELETE]; NAME: [DELETE]; STREET ADDRESS: [DELETE]; CITY, ST, ZIP: [DELETE]
4. TITLE: [DELETE]; NAME: [DELETE]; STREET ADDRESS: [DELETE]; CITY, ST, ZIP: [DELETE]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE: [CHANGE/ADDITION]; 2. NAME: [CHANGE/ADDITION]; 3. STREET ADDRESS: [CHANGE/ADDITION]; 4. CITY, ST, ZIP: [CHANGE/ADDITION]
5. TITLE: [CHANGE/ADDITION]; 6. NAME: [CHANGE/ADDITION]; 7. STREET ADDRESS: [CHANGE/ADDITION]; 8. CITY, ST, ZIP: [CHANGE/ADDITION]
9. TITLE: [CHANGE/ADDITION]; 10. NAME: [CHANGE/ADDITION]; 11. STREET ADDRESS: [CHANGE/ADDITION]; 12. CITY, ST, ZIP: [CHANGE/ADDITION]
13. TITLE: [CHANGE/ADDITION]; 14. NAME: [CHANGE/ADDITION]; 15. STREET ADDRESS: [CHANGE/ADDITION]; 16. CITY, ST, ZIP: [CHANGE/ADDITION]

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 at the time of the filing, or that I am empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or on the attachment thereto.

SIGNATURE: *John J. Allen* John J. Allen DATE: 3/7/96 407-604-4485

CR2E034 (12/95)