

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

REGISTRATION
 AND REHEARSAL
 1995



DEPARTMENT OF STATE
 OFFICE OF THE
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

RECEIVED
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DOCUMENT # **604410**

(1)

JUN 14 1994 25

BENJAMIN C. OLLIFF, JR., M.D., P.A.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Old Registered Agent

New Registered Agent

3599 UNIVERSITY BLVD. S.
 SUITE 507
 JACKSONVILLE FL 32216

3599 UNIVERSITY BLVD. S.
 SUITE 507
 JACKSONVILLE FL 32216

PLEASE WRITE IN THIS SPACE

2. Filing Agency (Not Applicable)	2a. Modified Address	3. Date of Separation/Resignation	3a. Date of Last Request
21	26	06/14/1973	03/28/1994
22. State of Birth	27. State of Birth	4. FID Number	Applied Fee / Not Applicable
22	27	59-1462497	\$8.75 Additional Fee Required
23. City & State	28. City & State	5. Compliance of Status Desired	\$5.00 May Be Added to Fees
23	28		
24. Fee	25. Amount	29. Fee	30. Amount

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OLLIFF, B.C.JR.M.D.
3599 UNIV. BLVD. S. SUITE 507
JACKSONVILLE FL 32207

B1. Name	B5. State
B2. Street Address (If Not a Firm or Not Applicable)	FL
B3. City	
B4. Zip	

11. I, the undersigned, certify that I am the duly authorized representative of the registrant and the undersigned for the purpose of changing the registered office or registered agent in Florida. I hereby certify that I am duly authorized to execute this report and to accept of fees from the State, except the amount of any unpaid fees. I am not a partner with or partner-in-fact of the registrant, and I am not a partner-in-fact of the registrant.

SIGNATURE

12. OLD REGISTERED AGENT	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS
NAME: P OLLIFF, B.C., JR. M.D. 3599 UNIV. BLVD. S. #507 JACKSONVILLE FL STATE: S OLLIFF, A H 3599 UNIV. BLVD S #507 JAX FL NAME: D OLLIFF, B.C., JR. M.D. 3599 UNIV. BLVD. S. #507 JACKSONVILLE FL	1. NAME 2. NAME 3. NAME 4. NAME 5. NAME 6. NAME 7. NAME 8. NAME 9. NAME 10. NAME 11. NAME 12. NAME 13. NAME 14. NAME 15. NAME 16. NAME 17. NAME 18. NAME 19. NAME 20. NAME 21. NAME 22. NAME 23. NAME 24. NAME 25. NAME 26. NAME 27. NAME 28. NAME 29. NAME 30. NAME 31. NAME 32. NAME 33. NAME 34. NAME 35. NAME 36. NAME 37. NAME 38. NAME 39. NAME 40. NAME 41. NAME 42. NAME 43. NAME 44. NAME 45. NAME 46. NAME 47. NAME 48. NAME 49. NAME 50. NAME 51. NAME 52. NAME 53. NAME 54. NAME 55. NAME 56. NAME 57. NAME 58. NAME 59. NAME 60. NAME 61. NAME 62. NAME 63. NAME 64. NAME 65. NAME 66. NAME 67. NAME 68. NAME 69. NAME 70. NAME 71. NAME 72. NAME 73. NAME 74. NAME 75. NAME 76. NAME 77. NAME 78. NAME 79. NAME 80. NAME 81. NAME 82. NAME 83. NAME 84. NAME 85. NAME 86. NAME 87. NAME 88. NAME 89. NAME 90. NAME 91. NAME 92. NAME 93. NAME 94. NAME 95. NAME 96. NAME 97. NAME 98. NAME 99. NAME 100. NAME

14. I, the undersigned, certify that the information supplied with this filing is complete, correct and true and that I am duly authorized to execute this report and to accept of fees from the State, except the amount of any unpaid fees. I am not a partner with or partner-in-fact of the registrant, and I am not a partner-in-fact of the registrant.

SIGNATURE: *B. C. Olliff, Jr.* B. C. OLLIFF, JR., M.D., P.A. 5/9/95 404 3988505