2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2004
Secretary of State

DOCUMENT# F09551

Entity Name: ALLISON MEDICAL ILLUSTRATIONS, INC.

Current Principal Place of Business:

1700 S.W. 2ND AVE
MIAMI, FL 33129 US

New Principal Place of Business:

3222 RIVIERA DRIVE
CORAL GABLES, FL 33143 US

Current Mailing Address:

1700 S.W. 2ND AVE
MIAMI, FL 33129 US

New Mailing Address:

3222 RIVIERA DRIVE
CORAL GABLES, FL 33143 US

FEI Number: 59-2030536 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALLISON, LEONA M PRES
3222 RIVIERA DR.
CORAL GABLES, FL 33143

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: ALLISON, LEONA M.,
Address: 3222 RIVIERA DR.
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEONA M ALLISON PRES 01/08/2004

Electronic Signature of Signing Officer or Director Date