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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1. Corporation	i Name	# F096 EYN, M.D., P.A.		(0)								
Principal Place	of Business		Mailing	Address							III BHAN II	
3661 S MIAN MIAMI FL 33		308		S MIAMI AVE S AI FL 33133	STE 308							
							3.	Date Incorporated 10/20/1980			e of Last 5/01/1	
2. Principal Pla	ace of Busine	ess	2a. Mai	lling Address			4.	FEI Number			0/01/1	Applied For
1			26					59-203127	70			Not Applicable
Suite, Apt. #, etc.			Suit 27	Suite, Apt. #, etc.			5.	5. Certificate of Status Desired			\$8.75 Additional Fee Required	
City & State			City	& State		<u></u>	6.	Election Campaign Trust Fund Contrib	0		\$5.	00 May Be ed to Fees
Zip		Country 25	Zip 29		Count	Ŋ	В.	This corporation h Florida Statutes	as liability for i			
	9. Name	and Address of Cu		d Agent				Name and Addre			Agent	
					8	1 Name				-		
	JAMES N					2 Street A	Address (P.	O. Box Number is	Not Acceptab	ie)		
	MIAMI AVE	S1E 308			8	<u>.</u>						
MIAMI FI	L 33133				•	3						
	^				8-	6 City				FL	85 2	ip Code
 Pursuant to or registere 	ed agent, or l	ons or Sections 607.0	0502 and 607,150 Florida. Such chai	08, Florida Statut nge was authoriz	tes, the above zed by the cor	-named co poration's I	rporation su	ubmits this stateme	ent for the pur	pose of cha	anging its	registered office
SIGNATURE	of agent, or land agent, and agent	printed name of registered a	agent and little if applicat	же	tes, the above zed by the cor s.			ubmits this stateme rectors. I hereby ac	ent for the pur coupt the appo	pose of cha pintment as	anging its registere	registered office d agent. I am
BIGNATURE	Signature typed o	printed name of registered a	acy-	se pac	OTE: Registered Ag	ent signature re	quired when rei			pose of cha pintment as		
2.	PST	printed name of registered a	agent and little if applicat	же	OTE: Registered Ag 13. 1.1 TiTLE	ent signature re	quired when rei	nstating)		pose of cha pointment as DATE CERS AND		
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oath, that I am an officer or director of the corporation 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 attachingent with an address. SIGNATURE: James N. Alleyn Luc A Alleyn 3/26/96

SIGNATURE and Typed On Printed Name OF Signing Officer On Diffection Date Designer Proces #