

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P22511** (0)

1. Corporation Name

ALLEGiant PHYSICIAN SERVICES, INC.



Principal Place of Business

Mailing Address

500 NORTHRIDGE RD.
SUITE 500
ATLANTA GA 30350

500 NORTHRIDGE RD.
SUITE 500
ATLANTA GA 30350

3. Date Incorporated or Qualified

01/10/1989

3a. Date of Last Report

05/01/1995

4. FEI Number

58-1774324

Applied For

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 607.0502 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	JACKSON, RICHARD L.	
STREET ADDRESS	500 NORTHRIDGE RD.	
CITY - ST - ZIP	ATLANTA GA 30350	
TITLE	V	<input type="checkbox"/> DELETE
NAME	POWERS, TIMOTHY	
STREET ADDRESS	500 NORTHRIDGE RD.	
CITY - ST - ZIP	ATLANTA GA 30350	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PAMELA WAGNER	
STREET ADDRESS	500 NORTHRIDGE RD.	
CITY - ST - ZIP	ATLANTA GA 30350	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HUMMEL, NORB	
STREET ADDRESS	500 NORTHRIDGE RD.	
CITY - ST - ZIP	ATLANTA GA 30350	
TITLE	AVPT	<input type="checkbox"/> DELETE
NAME	WRENN, ANN S	
STREET ADDRESS	500 NORTHRIDGE RD.	
CITY - ST - ZIP	ATLANTA GA 30350	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	President, corp	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Terry Bower	
1.3 STREET ADDRESS	500 Northridge Rd #500	
1.4 CITY - ST - ZIP	Atlanta, GA 30350	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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 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:

James R. Begnaud JAMES R BEGNAUD

2/16/96

Date

Daytime Phone #

CR2E034 (12/95)