2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P92000006725

1. Entity Name ALISON POWERS, P.A.



FILED May 01, 2003 8:00 am \$ Secretary of State 05-01-2003 90268 041 ***150.00

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Zip Country Zip Country Size S. Cardificate of Status Basizer STS Additions of Current Registered Agont 7. Name and Address of New Registered Agont 7. Nam	Suite, Apt.	#, etc.		Suit	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent POWERS, ALISON Street Address (F.O. Box Number is Not Acceptable) Surface 200 PALM BEACH GARDENS FL 33458 8. The above named entity submits this sistement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with and accept the obligations or registered agent. Or both, in the State of Florida. I am familiar with and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with and accept the obligations or registered agent. Or both, in the State of Florida. I am familiar with and accept the obligations or registered agent. Or both, in the State of Florida. I am familiar with and accept the obligations or registered agent. Or both, in the State of Florida. I am familiar with and accept the obligations or registered agent. Or both, in the State of Florida. I am familiar with and accept the obligations or registered agent. Or both, in the State of Florida. I am familiar with and accept the obligations or registered agent. Or both, in the State of Florida. I am familiar with and accept the obligations or registered agent. Or both, in the State of Florida. I am familiar with and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with and accept the obligation of registered agent. Or both in the State of Florida. I am familiar with and accept the obligation of registered agent. Or both in the State of Florida. I am familiar with and accept the obligation of registered agent. Or both in the State of Florida. I am familiar with and accept the obligations of Florida Department of Florida Department of Florida Depa	City & Stat	e		City	City & State			4	. FEI Number	65-037240	7			
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		ertify that the	information supplied w	ith this filing	does not qualify for			in Section	on 119.07(3)(i)	Florida Statutes	s. I further cert	ify that the i	nformation	

indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: