

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 # P93000002331 (5)

1. Corporation Name

ALLEN T. BRASINGTON, M.D., P.A.



Principal Place of Business

908 N.W. 57TH ST.
SUITE E
GAINESVILLE FL 32605

Mailing Address

908 N.W. 57TH ST.
SUITE E
GAINESVILLE FL 32605

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAY ST.
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified

01/11/1993

3a. Date of Last Report

01/30/1995

4. FEI Number

59-3163196

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. 190.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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 607.032 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 607.0305, Florida Statutes.

SIGNATURE

Signature of Registered Agent (if not the same as the corporation's)

Signature of Registered Agent (if not the same as the corporation's)

Signature of Registered Agent (if not the same as the corporation's)

12. OFFICERS AND DIRECTORS

12.1

NAME

12.2

STREET ADDRESS

12.3

CITY, ST., ZIP

12.4

NAME

12.5

STREET ADDRESS

12.6

CITY, ST., ZIP

12.7

NAME

12.8

STREET ADDRESS

12.9

CITY, ST., ZIP

12.10

NAME

12.11

STREET ADDRESS

12.12

CITY, ST., ZIP

12.13

NAME

12.14

STREET ADDRESS

12.15

CITY, ST., ZIP

12.16

NAME

12.17

STREET ADDRESS

12.18

CITY, ST., ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1

NAME

13.2

STREET ADDRESS

13.3

CITY, ST., ZIP

13.4

NAME

13.5

STREET ADDRESS

13.6

CITY, ST., ZIP

13.7

NAME

13.8

STREET ADDRESS

13.9

CITY, ST., ZIP

13.10

NAME

13.11

STREET ADDRESS

13.12

CITY, ST., ZIP

13.13

NAME

13.14

STREET ADDRESS

13.15

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brasington (BRASINGTON)

2/8/96

331-1902(352)

CR2E034 (12/95)