

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000008295 (4)

1. Corporation Name

ARSENIA P. ALIGNAY, M.D., P.A.



Principal Place of Business

Mailing Address

~~XXXXXXXXXXXXXXXXXXXX~~
~~XXXXXXXXXXXXXXXXXXXX~~
~~ORANGE PARK FL 32073~~

~~XXXXXXXXXXXXXXXXXXXX~~
~~XXXXXXXXXXXXXXXXXXXX~~
~~XXXXXXXXXXXXXXXXXXXX~~

2. Principal Place of Business

2a. Mailing Address

21 905 Cassat Avenue

26 905 Cassat Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Jacksonville, FL

28 Jacksonville, FL

Zip

Country

Zip

Country

24 32205

25 U.S.A.

29 32205

30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~KING DAVID A~~
~~XXXXXXXXXXXXXXXXXXXX~~
~~ORANGE PARK FL 32073~~

81 Name
Arsenia P. Alignay, M.D.

82 Street Address (P.O. Box Number is Not Acceptable)
905 Cassat Avenue

83 _____

84 City
Jacksonville

FL

85 Zip Code
32205

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 *X* ARSENIA P. ALIGNAY, M.D. President *Arns P. Alignay, Pres.* 4/23/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	ALIGNAY, ARSENIA P	
STREET ADDRESS	2333 GLENFINNAN DR	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
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TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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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: *X* Arsenia P. Alignay, M.D. President *Arns P. Alignay, Pres.* 4/23/96 704-384-2900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Arsenia P. Alignay, M.D., President

CR2E034 (12/95)