PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000008295

1. Corporation Name

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

Principal	Place	of	Business	

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90239 006 ***150.00



Principal Place	e of Business	Mailing Address							
905 CASSAT AV	/ENUE	905 CASSAT AVENUE					سد		
JACKSONVILLE FL 32205		JACKSONVILLE FL 32205	JACKSONVILLE FL 32205			DO NOT WRITE IN THIS SPACE			
ı					3. Date Incorporated or Qualifed	(OI MOL		1
					02/01/1995				
2 Principal Pi	lace of Business	2a. Mailing Address			4. FEI Number		17	Applied For	
⊢	iage of business	26			59-3298732		<u>}</u> }-	Not Applicable	1
21 Suite, Apt.	#. etc.	Suite, Apt. #, etc						Additional	1
22	.,, 0.00	27	_~		5. Certifcate of Status Desired			Required	_
City & State		City & State		-	6. Election Campaign Financing		\$5.0	0 May Be]
23		28			Trust Fund Contribution			d to Fees	}
Zip	Country	Zip	Count	гу	8. This corporation owes the curre	ent year Inta	ingible		
24	25	29	0		Personal Property Tax.		Yes	□No	
	9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New R	egistered /	Agent		
_			8	1 Name		-			-
	NAY, ARSENIA P MD		8	2 Street A	Address (P.O. Box Number is Not Accepta	ble)			1
	CASSAT AVENUE								
JACH	KSONVILLE FL 32205	-	8	3		₩.			
			8	4 City		EI	85 Zi	Code	1
11 D	to the american of Continue COT	0500 and 507 4509 Elorida Statutor	the obe	vo pamed o	corporation submits this statement for the	numose of	changing	its registered	
l office or r	egistered agent, or both, in the Si	tate of Florida. Such change was au	thorized t	y the corpo	ration's board of directors. I hereby accep	t the appoin	tment as	registered	
	m tamiliar with and account the	streetions of Section 607.0505. Florid	da Statuti						1
agent. I a	m familiar with, and accept the ot	oligations of, Section 607.0505, Flori	da Statuti	es.	4/.	15/9	9		
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14. I hereby certify that the Information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.