

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000045331 (2)

1. Corporation Name

MARK ALLISON, M.D., P.A.



Principal Place of Business

9776 S. MILITARY TRAIL, UNIT D-2  
BOYNTON BEACH FL 33436

Mailing Address

9776 S. MILITARY TRAIL, UNIT D-2  
BOYNTON BEACH FL 33436

2. Principal Place of Business

2a. Mailing Address

21 2410 SW 63 Ave

26 PO Box 6800 SW 40 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27 #349

City & State

City & State

23 Miami Florida

28 Miami Florida

24 33155

25 USA

29 33155

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/06/1995

3a. Date of Last Report

4. FEI Number

650601859

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

10. Name and Address of New Registered Agent

CHOU, VIVIAN  
1501 VENERA AVE., SUITE 230  
CORAL GABLES FL 33436

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, if any, in Block 1, and)

(Date Registered Agent Signature received, if any, in Block 1, and)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME ALLISON, MARK  
STREET ADDRESS 6800 S.W. 40TH ST., #349  
CITY-STATE-ZIP MIAMI FL 33455-3708

11 TITLE President  
12 NAME Allison Mark  
13 STREET ADDRESS 6800 SW 40th St #349  
14 CITY-STATE-ZIP Miami FL 33155

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

15 TITLE  
16 NAME  
17 STREET ADDRESS  
18 CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

19 TITLE  
20 NAME  
21 STREET ADDRESS  
22 CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

23 TITLE  
24 NAME  
25 STREET ADDRESS  
26 CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

27 TITLE  
28 NAME  
29 STREET ADDRESS  
30 CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-STATE-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: Mark D. Allison M.D., Mark Allison, M.D.

4-29-96

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