

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 # P95000047692 (5)

1. Corporation Name
DAVID A. ALANIS, M.D., P.A.



Principal Place of Business: **5500 NORTH DAVIS HIGHWAY PENSACOLA FL 32503**
Mailing Address: **5500 NORTH DAVIS HIGHWAY PENSACOLA FL 32503**

3. Date Incorporated or Qualified: **07/01/1995**
3a. Date of Last Report: **N/A**

21	21a	21b	22	22a	22b	23	23a	23b	24	24a	24b	25	25a	25b	26	26a	26b	27	27a	27b	28	28a	28b	29	29a	29b	30	30a	30b	31	31a	31b	32	32a	32b																																																												
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		5. Certificate of Status Desired		6. Election Campaign Financing Trust Fund Contribution		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes		9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent																																																																																	
093 BRENT LANE		093 BRENT LANE		59-3319662		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required		<input type="checkbox"/> \$5.00 May Be Added to Fees		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		FLEMING, EDWARD P 4300 BAYOU BLVD. SUITES 12 & 13 PENSACOLA FL 32503																																																																																			
City & State: PENSACOLA FLORIDA		City & State: PENSACOLA FLORIDA		Applied For: <input type="checkbox"/> Not Applicable		Applied For: <input type="checkbox"/> Not Applicable		Applied For: <input type="checkbox"/> Not Applicable		Applied For: <input type="checkbox"/> Not Applicable		<table border="1"> <tr> <td>81</td> <td colspan="13">Name</td> </tr> <tr> <td>82</td> <td colspan="13">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td>83</td> <td colspan="13"></td> </tr> <tr> <td>84</td> <td colspan="13">City</td> </tr> <tr> <td>85</td> <td colspan="13">Zip Code</td> </tr> </table>														81	Name													82	Street Address (P.O. Box Number is Not Acceptable)													83														84	City													85	Zip Code												
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Zip: 32503		Country: USA		Zip: 32503		Country: USA		Zip: 32503		Country: USA																																																																																					

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	ALANIS, DAVID A	1.2 NAME	
STREET ADDRESS	5500 N. DAVIS HIGHWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32503	1.4 CITY-ST-ZIP	
TITLE	VS	2.1 TITLE	
NAME	ALANIS, LORA	2.2 NAME	
STREET ADDRESS	5500 N. DAVIS HIGHWAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32503	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: Lora H. Alanis 2-21-96 904-474-0264
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)