


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000088633**

1. Entity Name  
**BEATRICE C. ALLIS PHARM. D., INC.**



Principal Place of Business      Mailing Address

17356 LOCH LOMOND WAY      17356 LOCH LOMOND WAY  
 BOCA RATON, FL 33496 US      BOCA RATON, FL 33496 US



03212006    No Chg-P    CR2EQ34 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**65-0636844**      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

**GERSHON, HOLLY G**  
**123 N.W. 13TH STREET #221**  
**BOCA RATON, FL 33432**

**DO NOT WRITE IN THIS SPACE**

9. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR ALLIS-MINION, BEATRICE C 17356 LOCH LOMOND WAY BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000521830  
 05/03/06-80005-008 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Beatrice C. Allis-Minion*    President    Date: April 21, 2006    Daytime Phone #: 561-477-3636

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #