

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
 05-28-2002 91781 033 ***150.00

DOCUMENT # P96000052639

1. Entity Name
TIMOTHY B. ALLISON, M.D., P.A.

Principal Place of Business

5 FOXHUNTER FLAT
ORMOND BEACH FL 32174
US

Mailing Address

5 FOXHUNTER FLAT
ORMOND BEACH FL 32174
US

2. Principal Place of Business

134 Ocean Pines Terrace
 Suite, Apt. #, etc.

3. Mailing Address

134 Ocean Pines Terrace
 Suite, Apt. #, etc.

City & State

JUPITER, FL

City & State

JUPITER, FL

4. FEI Number

59-3394724

Applied For

Not Applicable

Zip
33477

Country

USA

Zip
33477

Country

USA

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ALLISON, TIMOTHY B
5 FOXHUNTER FLAT
ORMOND BEACH FL 32174

7. Name and Address of New Registered Agent

Name

ALLISON, TIMOTHY B.

Street Address (P.O. Box Number is Not Acceptable)

134 Ocean Pines Terrace

City

JUPITER

FL

Zip Code

33477

8. 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.

SIGNATURE *Timothy B. Allison, MD President 04-29-2002*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **ALLISON, TIMOTHY B MD**
STREET ADDRESS **5 FOXHUNTER FLAT**
CITY-ST-ZIP **ORMOND BEACH FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **ALLISON, TIMOTHY B. MD**
STREET ADDRESS **134 Ocean Pines Terrace**
CITY-ST-ZIP **JUPITER, FL 33477**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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CITY-ST-ZIP

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Timothy B. Allison, MD President 04-29-2002 561 575-7932*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)