

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Oct 15 1998 8:00am
Secretary of State

DOCUMENT # **P96000064731 (8)**

1. Corporation Name

PATRICIA B ALLEN, M.D., P.A.



Principal Place of Business

**114 NORTHWEST 109 AVENUE, UNIT 305
PEMBROKE PINES FL 33026**

Mailing Address

**114 NORTHWEST 109 AVENUE, UNIT 305
PEMBROKE PINES FL 33026**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/02/1996

4. FEI Number

65-0683770

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 14271 TEMPLE BLVD

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

23 LOXAHATCHIE FL

Zip

24 33470

Country

25 USA

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**PATRICIA B. ALLEN MD
114 NW 109TH AVE., UNIT 305
PEMBROKE PINES FL 33026**

10. Name and Address of New Registered Agent

81 Name

PATRICIA B ALLEN MD

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

14271 TEMPLE BLVD

83

84 City

LOXAHATCHIE

FL

85 Zip Code

33470

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

PATRICIA B ALLEN MD

PATRICIA B ALLEN MD

10/15/98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **ALLEN, PATRICIA B M.D.**

STREET ADDRESS **114 NORTHWEST 109 AVENUE, UNIT 305**

CITY-ST-ZIP **PEMBROKE PINES FL 33026**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 its 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

PATRICIA B ALLEN MD

PATRICIA B ALLEN MD

10/15/98

CR2E034 (5/98)