

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

1995 MAY -1 PM 1:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # H79355**

1. Corporation Name

**Allergy and Asthma Consultants - Eugene F. Schwartz,  
M.D., P.A.**

Principal Place of Business

Mailing Address

**793 Douglas Avenue  
Altamonte Springs, FL 32714**

**793 Douglas Avenue  
Altamonte Springs,  
FL 32714**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
**10/04/85**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

**21**

**26**

4. FEI Number

**59-2578940**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**

**27**

5. Certificate of Status Desired ☐

**\$0.75** Additional  
Fee Required

City & State

City & State

**23**

**28**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

Zip

Country

Zip

Country

**24**

**25**

**29**

**30**

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Schwartz, Eugene F., M.D.  
793 Douglas Avenue  
Altamonte Springs, FL 32714**

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 and title if applicable

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**P S T  
SCHWARTZ, EUGENE F.  
793 Douglas Avenue  
Altamonte Springs, FL 32714**

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

**600001474336**  
**-05/03/95--01170--017**  
**\*\*\*\*200.00 \*\*\*\*200.00**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
SCHWARTZ, EUGENE F.  
793 Douglas Avenue  
Altamonte Springs, FL 32714**

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**EUGENE F. SCHWARTZ, M.D.**

**4/18/95 407-862-5824**

Date

Telephone Number