

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000084714 (1)

1. Corporation Name

ALLERGY, ASTHMA AND IMMUNOLOGY ASSOCIATES, P.A.



Principal Place of Business

3636 UNIVERSITY BLVD. SOUTH
SUTIE B2
JACKSONVILLE FL 32216

Mailing Address

3636 UNIVERSITY BLVD. SOUTH
SUTIE B2
JACKSONVILLE FL 32216

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24.

25.

29.

30.

9. Name and Address of Current Registered Agent

RAX CO.
50 NORTH LAURA STREET
34TH FLOOR
JACKSONVILLE FL 32202

3. Date Incorporated or Qualified
11/03/1995

3a. Date of Last Report

4. FEI Number

59-3342067

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 has liability for intangible tax under s. 199.032,
Florida Statutes. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81. Name

~~McHenry, Adams & Green, PA~~

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

~~Same address~~

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 607.0605, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of New Registered Agent

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	MASS, MYRON F	
STREET ADDRESS	3636 UNIVERSITY BLVD. SOUTH #B2	
CITY, ST, ZIP	JACKSONVILLE FL 32216	
TITLE	D	☐ DELETE
NAME	MIZRAHI, EDWARD A	
STREET ADDRESS	3636 UNIVERSITY BLVD. SOUTH #B2	
CITY, ST, ZIP	JACKSONVILLE FL 32216	
TITLE	D	☐ DELETE
NAME	PRABHU, SUDHIR L	
STREET ADDRESS	4123 UNIVERSITY BLVD. SOUTH #B	
CITY, ST, ZIP	JACKSONVILLE FL 32216	
TITLE	D	☐ DELETE
NAME	PRABHU, PAUL F	
STREET ADDRESS	820 PRUDENTIAL DRIVE	
CITY, ST, ZIP	JACKSONVILLE FL 32207	
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. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

D Wubben, Jr Paul F
820 Prudential Drive Ste 202
Jacksonville FL 32207

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edward A. Mizrahi, M.D., President

904-733-8200

DUPLICATE FEE

CR2E034 (12/95)