2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

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Mar 26, 2001 8:00 am DOCUMENT # P95000084714 **Secretary of State** ALLERGY, ASTHMA & IMMUNOLOGY ASSOCIATES, P.A. 03-26-2001 90147 045 ***150.00 Principal Place of Business Mailing Address 3636 UNIVERSITY BLVD. SOUTH 3636 UNIVERSITY BLVD. SOUTH SUITE 8-2 SUITE 8-2 JACKSONVILLE FL 32216 JACKSONVILLE FL 32216 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3342067 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NULAND, CHRISTOPHER L Street Address (P.O. Box Number is Not Acceptable) 1000 RIVERSIDE AVENUE SUITE 200R JACKSONVILLE FL 32204 City Zip Code 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 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Change ☐ Addition CR2E034 (10/00 TITLE ☐ Delete MASS, MYRON F NAME NAME 3636 UNIVERSITY BLVD. SOUTH #B2 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32216 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE MIZRAHI, EDWARD A NAME NAME STREET ADDRESS 3636 UNIVERSITY BLVD. SOUTH #B2 STREET ADDRESS CITY-ST-7IP JACKSONVILLE FL 32216 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE PRABHU. SUDHIR L NAME NAME STREET ADDRESS 4123 UNIVERSITY BLVD. SOUTH #8 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32216 CITY-ST-ZIP TITLE TITLE Change ☐ Addition ☐ Delete WUBBENA, PAUL F. JR. NAME NAME 820 PRUDENTIAL DRIVE, SUITE 202 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information trate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director cute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if the empowered. 13. I hereby certify that the information supplied with his filing do indicated on this report or supplemental reports frue and accord the corporation or the receiver or trustee ampswered by exchanged, or on an attachment with an address with all other.

120N F. MASS 3/21/0)