2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

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Entity Name: ALLERGY, ASTHMA & IMMUNOLOGY ASSOCIATES, P.A.

Current Principal Place of Business:

3636 UNIVERSITY BLVD. SOUTH
SUITE B-2
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

Current Mailing Address:

3636 UNIVERSITY BLVD. SOUTH
SUITE B-2
JACKSONVILLE, FL 32216 US

New Mailing Address:

FEI Number: 59-3342067 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NULAND, CHRISTOPHER L
1000 RIVERSIDE AVENUE
SUITE 200R
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	DS	( ) Delete
Name:	MASS, MYRON F	
Address:	3636 UNIVERSITY BLVD. SOUTH #B2	
City-St-Zip:	JACKSONVILLE, FL 32216	
Title:	DT	( ) Delete
Name:	MIZRAHI, EDWARD A	
Address:	3636 UNIVERSITY BLVD. SOUTH #A3	
City-St-Zip:	JACKSONVILLE, FL 32216	
Title:	DV	( ) Delete
Name:	PRABHU, SUDHIR L	
Address:	4123 UNIVERSITY BLVD. SOUTH #B	
City-St-Zip:	JACKSONVILLE, FL 32216	
Title:	DP	( ) Delete
Name:	WUBBENA, PAUL F. JR.	
Address:	5913 NORMANDY BLVD #1	
City-St-Zip:	JACKSONVILLE, FL 32205	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MYRON F MASS MD DS 04/29/2005
Electronic Signature of Signing Officer or Director Date