

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 31 AM 11:12

DOCUMENT # **S40778** (0)

1. Corporation Name
ALLERGY, ASTHMA AND IMMUNOLOGY CONSULTANTS, INC.

Principal Place of Business Mailing Address
1124 E. ELIZABETH #E FT COLLINS CO 80524 1124 E. ELIZABETH #E FT COLLINS CO 80524

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/26/1991** 3a. Date of Last Report **03/21/1994**
4. FEI Number ~~88-0055670~~ **59-3056819** 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, 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
A
KRISHNA, SHIV S. MD.
6628 NW 9TH BLVD.
GAINESVILLE FL 32605

10. Name and Address of New Registered Agent
B1 Name **MADHUKAR PUNJA MD**
B2 Street Address (P.O. Box Number is Not Acceptable) **6628 NW 9TH BLVD**
B3 **G**
B4 City **GAINESVILLE** FL B5 Zip Code **32605**

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 *M. K. Punja*, **M. K. Punja, M.D.** DATE **3/27/95**

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	VEDANTHAN, P.K.
STREET ADDRESS	1124 E ELIZABETH #E
CITY, ST, ZIP	FT COLLINS CO
TITLE	D
NAME	MURTHY, KRISHNA
STREET ADDRESS	1124 E ELIZABETH #E
CITY, ST, ZIP	FT COLLINS CO
TITLE	D
NAME	SURESH, SURI
STREET ADDRESS	1124 E ELIZABETH #E
CITY, ST, ZIP	FT COLLINS CO
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	80524
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	80524
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	80524
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I (We) 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)(b), 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]* DATE **1.13.95** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **303-221-2270**