

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # S40778

1. Corporation Name

ALLERGY, ASTHMA AND IMMUNOLOGY CONSULTANTS, INC.

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified  
03/26/1991

3a. Date of Last Report  
03/27/95

2. Principal Place of Business

2a. Mailing Address

21 6628 NW 9th Blvd.

26 6628 NW 9th Blvd.

Suite Apt. #, etc

Suite, Apt. #, etc.

22 Suite 2

27 Suite 2

City & State

City & State

23 Gainesville, FL

28 Gainesville, FL

Zip

Country

Zip

Country

24 32605-4261

25 USA

29 32605-4261

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MADHUKAR PUNJA, M.D.  
6628 NW 9th Blvd., Suite 2  
GAINESVILLE, FL 32605-4261

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 607.0503, Florida Statutes.

SIGNATURE

Signature (Must be printed name of registered agent or director, as applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  DELETE  
NAME VEDANTHAN, P.K.  
STREET ADDRESS 1124 E ELIZABETH #E  
CITY-ST-ZIP FT COLLINS CO 80524

TITLE D  DELETE  
NAME MURTHY, KRISHNA  
STREET ADDRESS 1124 E ELIZABETH #E  
CITY-ST-ZIP FT COLLINS CO 80524

TITLE D  DELETE  
NAME SURESH, SURI  
STREET ADDRESS 1124 E. ELIZABETH #E  
CITY-ST-ZIP FT COLLINS CO 80524

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS 500001808905  
2.4 CITY-ST-ZIP -05/06/96--01030--054  
\*\*\*200.00

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

4.1 TITLE  Change  Addition  
4.2 NAME D  
4.3 STREET ADDRESS KAILASAM, VELUSAMY  
4.4 CITY-ST-ZIP 1124 E ELIZABETH #E  
FT COLLINS CO 80524

5.1 TITLE  Change  Addition  
5.2 NAME D  
5.3 STREET ADDRESS GONDALIA, LAKHAM  
5.4 CITY-ST-ZIP 1124 E ELIZABETH #E  
FT COLLINS CO 80524

6.1 TITLE  Change  Addition  
6.2 NAME D  
6.3 STREET ADDRESS PUNJA, MADHUKAR  
6.4 CITY-ST-ZIP 6628 NW 9th BLVD., SUITE 2  
GAINESVILLE FL 32605-4261

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: *M. K. Punja, M.D.*

M. K. PUNJA, M.D.

4/30/96

(352)331-2485

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

CR2E034 (12/95)

4/30/96