

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

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**Mar 26 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # S40778 (0)**  
1. Corporation Name  
**ALLERGY, ASTHMA AND IMMUNOLOGY CONSULTANTS, INC.**



Principal Place of Business Mailing Address  
**6628 NW 9TH BLVD SUITE 2 GAINESVILLE FL 32605-4261**

3. Date Incorporated or Qualified **03/26/1991** 3a. Date of Last Report **05/01/1996**  
4. FEI Number **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**  
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **6400 WEST NEWBERRY ROAD** 26 **6400 WEST NEWBERRY ROAD**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **SUITE 109** 27 **SUITE 109**  
City & State City & State  
23 **GAINESVILLE FL** 28 **GAINESVILLE FL**  
Zip Country Zip Country  
24 **32605-4388** 25 **USA** 29 **32605-4388** 30 **USA**

9. Name and Address of Current Registered Agent  
**PUNJA, MADHUKAR M  
6628 NW 9TH BLVD.  
SUITE 2  
GAINESVILLE FL 32605**

10. Name and Address of New Registered Agent  
81 Name **MADHUKAR K. PUNJA, M.D.**  
82 Street Address (P.O. Box Number is Not Acceptable) **6400 WEST NEWBERRY ROAD, SUITE 109**  
83  
84 City **GAINESVILLE** FL 85 Zip Code **32605-4388**

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 *[Signature]* **M. K. PUNJA, M.D.** DATE **3/20/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D VEDANTHAN, P.K.</b>	1.2 NAME	
STREET ADDRESS	<b>1124 E ELIZABETH #E</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT COLLINS CO</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D MURTHY, KRISHNA</b>	2.2 NAME	
STREET ADDRESS	<b>1124 E ELIZABETH #E</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT COLLINS CO</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D SURESH, SURI</b>	3.2 NAME	
STREET ADDRESS	<b>1124 E ELIZABETH #E</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT COLLINS CO</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D KAILASAM, VELUSAMY</b>	4.2 NAME	
STREET ADDRESS	<b>1124 E ELIZABETH #E</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT COLLINS CO 80524</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D GONDALIA, LAKHAM</b>	5.2 NAME	
STREET ADDRESS	<b>1124 E ELIZABETH #E</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT COLLINS CO 80524</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D PUNJA, MADHUKAR</b>	6.2 NAME	
STREET ADDRESS	<b>6628 NW 9TH BLVD</b>	6.3 STREET ADDRESS	<b>6400 WEST NEWBERRY ROAD, SUITE 109</b>
CITY-ST-ZIP	<b>GAINESVILLE FL 32605-4261</b>	6.4 CITY-ST-ZIP	<b>GAINESVILLE FL 32605-4388</b>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]* **M. K. PUNJA, M.D.** DATE **3/20/97** (352) 331-2485

CR2E034 (9/96)