

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

**FILED**  
**May 06 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S40778 (0)**  
 1. Corporation Name  
**ALLERGY, ASTHMA AND IMMUNOLOGY CONSULTANTS, INC.**

Principal Place of Business <b>6400 WEST NEWBERRY ROAD          109          GAINESVILLE FL 32605-4388          US</b>	Mailing Address <b>6400 WEST NEWBERRY ROAD          109          GAINESVILLE FL 32605-4388          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
Country	Country
24	29
25	30

3. Date Incorporated or Qualified <b>03/26/1991</b>	
4. FEI Number <b>59-3056819</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**PUNJA, MD M K  
 6400 WEST NEWBERRY ROAD  
 STE 109  
 GAINESVILLE FL 32605**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **4/29/98**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>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	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>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	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>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	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>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	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>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	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PUNJA, MADHUKAR</b>	6.2 NAME	
STREET ADDRESS	<b>6400 WEST NEWBERRY ROAD, #109</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	6.4 CITY-ST-ZIP	

14. I 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]* DATE: **4/29/98** 352-331-2485

CR2E034 (10/97)