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Feb 20, 1999 8:00 am
Secretary of State

02-20-1999 90115 037 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # S40778

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



DO NOT WRITE IN THIS SPACE

Principal Place of Business 6400 WEST NEWBERRY ROAD 109 GAINESVILLE FL 32605-4388 US		Mailing Address 6400 WEST NEWBERRY ROAD 109 GAINESVILLE FL 32605-4388 US		3. Date Incorporated or Qualified 03/26/1991	
21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 59-3056819
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24	Zip	29	Zip	8.	This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Country		Country		

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	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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VEDANTHAN, P.K.	1.2 NAME	
STREET ADDRESS	1124 E ELIZABETH #E	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT COLLINS CO	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURTHY, KRISHNA	2.2 NAME	
STREET ADDRESS	1124 E ELIZABETH #E	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT COLLINS CO	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SURESH, SURI	3.2 NAME	
STREET ADDRESS	1124 E ELIZABETH #E	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT COLLINS CO	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAILASAM, VELUSAMY	4.2 NAME	
STREET ADDRESS	1124 E ELIZABETH #E	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT COLLINS CO 80524	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONDALIA, LAKHAM	5.2 NAME	
STREET ADDRESS	1124 E ELIZABETH #E	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT COLLINS CO 80524	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUNJA, MADHUKAR	6.2 NAME	
STREET ADDRESS	6400 WEST NEWBERRY ROAD, #109	6.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	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, with all other like empowered.

SIGNATURE: *Kailasam Velusamy* **PUNJA, MD M K** **2-9-99** **352-331-2485**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #