


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 18, 2003 8:00 am**  
**Secretary of State**

03-18-2003 90061 010 \*\*\*150.00

**DOCUMENT # S40778**

1. Entity Name  
**ALLERGY, ASTHMA AND IMMUNOLOGY CONSULTANTS, INC**



Principal Place of Business  
**6608 NW 9TH BLVD.  
GAINESVILLE FL 32605  
US**

Mailing Address  
**6608 NW 9TH BLVD.  
GAINESVILLE FL 32605  
US**



2. Principal Place of Business  
**1173 NW 64<sup>th</sup> Terrace**

3. Mailing Address  
**1173 NW 64<sup>th</sup> Terrace**

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**Gainesville, FL**

City & State  
**Gainesville, FL**

Zip  
**32605**

Country  
**U.S.A.**

Zip  
**32605**

Country  
**U.S.A.**

4. FEI Number **59-3056819**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**PUNJA, MD M K**  
**6608 NW 9TH BLVD.**  
**GAINESVILLE FL 32605**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**1173 NW 64<sup>th</sup> Terrace**

City  
**Gainesville**

State  
**FL**

Zip Code  
**32605**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **x** *Punja* **3/17/03**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VEDANTHAN, P.K.</b> <b>1124 E ELIZABETH #E</b> <b>FT COLLINS CO</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PUNJA, MADHUKAR</b> <b>6608 NW 9TH BLVD.</b> <b>GAINESVILLE FL 32605</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1173 NW 64<sup>th</sup> Terrace</b> <b>Gainesville, FL 32605</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** **3/17/03 (352) 331-2485**

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)