I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MADHUKAR K PUNJA, MD

Electronic Signature of Signing Officer/Director Detail

Current Mailing Address:

1173 NW 64TH TERRACE GAINESVILLE. FL 32605 US

FEI Number: 59-3056819

Name and Address of Current Registered Agent:

PUNJA, MADHUKAR K MD 1173 NW 64TH TERRACE GAINESVILLE, FL 32605 US

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.

SIGNATURE: MADHUKAR K PUNJA MD

Electronic Signature of Registered Agent

Officer/Director Detail :

Title M.D. Name PUNJA, MADHUKAR K Address 1173 NW 64TH TERRACE City-State-Zip: GAINESVILLE FL 32605

OWNER/PHYSICIAN

04/26/2018

Date

FILED Apr 26, 2018 Secretary of State CC7781629522

Certificate of Status Desired: No

04/26/2018 Date

Current Principal Place of Business:

1173 NW 64TH TERRACE GAINESVILLE. FL 32605

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT DOCUMENT# S40778

Entity Name: ALLERGY, ASTHMA AND IMMUNOLOGY CONSULTANTS, INC.