

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S40778

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

Current Principal Place of Business:

1173 NW 64TH TERRACE
GAINESVILLE, FL 32605

Current Mailing Address:

1173 NW 64TH TERRACE
GAINESVILLE, FL 32605 US

FEI Number: 59-3056819

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PUNJA, MADHUKAR KM.D.
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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

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

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, M.D.

PHYSICIAN

01/29/2013

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date