


FILED
Jun 01, 2004 8:00 am
Secretary of State

05-03-2004 91227 020 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # 496287

1. Entity Name
 ALLERGY DIAGNOSTICS OF CENTRAL FLORIDA, THE
 WEBSTER MEDICAL CLINIC, P.A.



Principal Place of Business 211 SOUTH VOLUSIA AVENUE ORANGE CITY, FL 32763	Mailing Address 211 SOUTH VOLUSIA AVENUE ORANGE CITY, FL 32763
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66425105



01282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

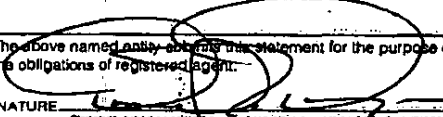
4. FEI Number 59-1640100	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$6.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEBSTER, MARK E D.O.
 211 SOUTH VOLUSIA AVENUE
 ORANGE CITY, FL 32763

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8. The above named entity obtains 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  **DONALD B. DEMPSEY, C.P.A.**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent must be a resident of Florida.)

DATE **ORANGE CITY, FL 32763**

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00


9. Election Campaign Financing
 Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD WEBSTER, MARK E. 211 S. VOLUSIA AVE. ORANGE CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WEBSTER, MARK E. 211 S. VOLUSIA AVE. ORANGE CITY, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____