


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2006 08:00 AM
Secretary of State

DOCUMENT # 496287 1. Entity Name ALLERGY DIAGNOSTICS OF CENTRAL FLORIDA, THE WEBSTER MEDICAL CLINIC, P.A.	
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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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01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1640100	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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	PVD WEBSTER, MARK E. 211 S. VOLUSIA AVE. ORANGE CITY, FL
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03/24/06-80015-012 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Mark E Webster 2/13/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #