SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

APPROVED AND FILED

95 JUL -3 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 600268 (7)

1. Corporation Name

ALLERGY IMMUNOLOGY SPECIALISTS, P.A., R. KENT MOELLER, M.D., LINN R. KLOTZ, M.D.

Principal Place of Business
303 EAST PAR STREET
ORLANDO FL 32804

Mailing Address
303 EAST PAR STREET
ORLANDO FL 32804

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/26/1967**
3a. Date of Last Report: **10/07/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 County — 25 Zip — 29 County — 30

4. FEI Number: **59-1199725** — Applied For / Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. The corporation has elected to be subject to Section 607.1901 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MOELLER, R.K.
1510 ROCK LAKE
ORLANDO FL 32805

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City — **FL** — 05 Zip Code

11. Pursuant to the provisions of Sections 607.0505 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE
Signature of Current Registered Agent or Successor Registered Agent — Date
Signature of New Registered Agent (signature required only if applicable) — Date

12. OFFICERS AND DIRECTORS

Title	PD
Name	MOELLER, R.K.
Street Address	1510 ROCK LANE
City, St, Zip	ORLANDO, FL 00000
Title	SD
Name	~~KLOTZ, LINN R.~~
Street Address	~~303 EAST PAR ST~~
City, St, Zip	~~ORLANDO FL~~

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

Title	SD ☐ Change ☐ Add
Name	Solomon D. Klotz
Street Address	3206 Middlesex
City, St, Zip	orlando Fl. 32803

14. I hereby certify that the information supplied with this report is accurate and does not qualify for the penalty for filing false reports contained in the filing officer's notice. I further certify that the information indicated on the annual report or supplemental annual 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 12 or Block 13 if changed, or is an attachment with any address.

SIGNATURE: Robert Moeller M D
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/27/95 — Date
407 644-1111 — Daytime Phone

CR2E034 (395)

0134144 FP