

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90116 027 ***150.00

DOCUMENT # F51499
1. Entity Name
ALLERGY & ASTHMA CARE CENTRE, P.A.

830824

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4017 Del Prado Blvd.
Suite, Apt. #, etc.

3. Mailing Address
4017 Del Prado Blvd.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Cape Coral, FL

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Cape Coral, FL

4. FEI Number
59-2122100

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

Zip Country
33904-7160 USA

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33904-7160 USA

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Lazaro L. Castillo

Street Address (P.O. Box Number is Not Acceptable)
4017 Del Prado Blvd.

City
Cape Coral

FL Zip Code
33904-7160

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.

SIGNATURE  Registered Agent 4/3/2002
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)


January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Lazaro L. Castillo 4017 Del Prado Blvd. Cape Coral, Fl 33904 7160	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:  President & Director 4/3/2002 (239) 549-1398
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #