

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # H73440

(0)

1. Corporation Name

SEMORAN ALLERGY CLINIC, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 12 PM 10: 50

Principal Place of Business

1120 SEMORAN BLVD
CASSELBERRY FL 32707

Mailing Address

1120 SEMORAN BLVD
CASSELBERRY FL 32707

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/28/1985

3a. Date of Last Report

03/16/1994

4. FEI Number

59-2576917

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$0.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199 (3)
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PORTH, ELI D.O.
1120 SEMORAN BLVD.
CASSELBERRY FL 32707

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0507 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 typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when resigning

DATE

x 3/22/95.

12. OFFICERS AND DIRECTORS

TITLE	PVT
NAME	PORTH, ELI
STREET ADDRESS	710 FAIROAKS LANE
CITY, ST, ZIP	MAITLAND FL
TITLE	SD
NAME	PORTH, INA
STREET ADDRESS	710 FAIROAKS LANE
CITY, ST, ZIP	MAITLAND FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this filing is true and correct 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 registered agent of the corporation, and that my signature is required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or is an attachment to this filing.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

Signature Printed Name

4/3/95 (407) 678-8000