

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **H 79355**

1. Corporation Name

**Allergy + Asthma Consultants of Central Florida  
Eugene F. Schwartz, M.D., PA.**

Principal Place of Business

Mailing Address

**793 Douglas Ave.**

**Same**

**Altamonte Springs, FL 32714**

3. Date Incorporated or Qualified  
**10/4/85**

3a. Date of Last Report  
**4/95**

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

**Eugene F. Schwartz, M.D.  
793 Douglas Ave.  
Altamonte Springs, FL 32714**

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 607.1509, 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 Registered Agent

Name of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
NAME **President, V.P., Secty, Treas.**  
STREET ADDRESS **Eugene F. Schwartz**  
CITY-ST-ZIP **793 Douglas Ave.  
Altamonte Springs, FL 32714**

1.1 TITLE  Change  Addition

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.2 NAME

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.3 STREET ADDRESS

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE  Change  Addition

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.2 NAME

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.3 STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.4 CITY-ST-ZIP

**Eugene F. Schwartz**

3.1 TITLE  Change  Addition

SIGNATURE:

3.2 NAME

**4/22/96**

3.3 STREET ADDRESS

**407-862-5824**

3.4 CITY-ST-ZIP

**4-29-96**

4.1 TITLE  Change  Addition

**400001800694**

4.2 NAME

**-04/30/96--01017--040**

4.3 STREET ADDRESS

**\*\*\*200.00**

4.4 CITY-ST-ZIP

**407-862-5824**

5.1 TITLE  Change  Addition

**4-29-96**

5.2 NAME

**407-862-5824**

5.3 STREET ADDRESS

**400001800694**

5.4 CITY-ST-ZIP

**-04/30/96--01017--040**

6.1 TITLE  Change  Addition

**\*\*\*200.00**

6.2 NAME

**4-29-96**

6.3 STREET ADDRESS

**407-862-5824**

6.4 CITY-ST-ZIP

**400001800694**

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 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this 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 on an attachment with an address.

CR2E034 (12/95)