

2004 FOR PROFIT CORPORATION ANNUAL REPORT

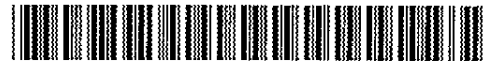
FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # H79355

1. Entity Name
ALLERGY AND ASTHMA CONSULTANTS - EUGENE F. SCHWARTZ, M.D., P.A.

Principal Place of Business
 793 DOUGLAS AVENUE
 ALTAMONTE SPRINGS, FL 32714

Mailing Address
 793 DOUGLAS AVENUE
 ALTAMONTE SPRINGS, FL 32714



DO NOT WRITE IN THIS SPACE

04022004 No Chg-P CR2E034 (10/03)

4. FEI Number
60-2578940 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SCHWARTZ, EUGENE F., M.D.
 793 DOUGLAS AVENUE
 ALTAMONTE SPRINGS, FL 32714

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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, 2004 Fee will be \$550.00

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

U00000120246
 04/19/04-80125-009 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST SCHWARTZ, EUGENE F. 793 DOUGLAS AVENUE ALTAMONTE SPRINGS, FL 32714
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date **4/14/04** Daytime Phone # **407-862-5824**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR