

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2005 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**



01052005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2578940</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
 IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP  
**PVST  
 SCHWARTZ, EUGENE F.  
 793 DOUGLAS AVENUE  
 ALTAMONTE SPRINGS, FL 32714**

00000305183  
 04/14/05-80072-025 150.00

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

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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)(f), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/11/05**

Date

**407-862-5824**

Daytime Phone #