

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 # **K79311** (2)

1. Corporation Name

**HILLSBOROUGH ALLERGY, ASTHMA & IMMUNOLOGY ASSOCIATES, P.A.**

Principal Place of Business

**3658 LITHIA PINECREST RD.  
VALRICO FL 33594  
US**

Mailing Address

**3658 LITHIA PINECREST RD.  
VALRICO FL 33594  
US**



3. Date Incorporated or Qualified

**04/09/1989**

3a. Date of Last Report

**05/11/1995**

4. FEI Number

**59-2942773**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 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. 199.032,  
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**GASSMAN, ALAN B.  
1212 COURT STREET  
SUITE B  
CLEARWATER FL 34616**

10. Name and Address of New Registered Agent

81 Name

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

**1245 COURT ST., SUITE 102**

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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, if applicable

(NOTE: Registered Agent for a corporation is required to be approved)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**D  
NAME  
HALSEY, ALAN B., M.D., P.  
STREET ADDRESS  
4506 COUNTRY GATE COURT  
CITY - ST - ZIP  
VALRICO FL**

TITLE ☐ DELETE

**D  
NAME  
KALIK, CRAIG MD  
STREET ADDRESS  
2315 TOWERY TRAIL  
CITY - ST - ZIP  
LUTZ FL 33549**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY - ST - ZIP**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY - ST - ZIP**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY - ST - ZIP**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY - ST - ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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 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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/96**

**8136816531**

Date

Telephone #

CR2E034 (12/95)