


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2004 08:00 AM
Secretary of State

DOCUMENT # M37424
 1. Entity Name
FLORIDA ALLERGY AND ASTHMA ASSOCIATES, P.A.



Principal Place of Business 5507 S. CONGRESS AVENUE SUITE 140 ATLANTIS, FL 33462-1145 08	Mailing Address 5507 S. CONGRESS AVENUE SUITE 140 ATLANTIS, FL 33462-1145 08
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01212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2710378	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SCHNEIDER, JOHN C.
 505 SOUTH FLAGLER DR. STE 1001
 440 ROYAL PALM WAY, PARK CENTRE, #203
 W. PALM BEACH, FL 33401

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 _____ (NOTE: Registered Agent signature required when re-registering) 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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LOUIE, STEVEN J. 3965 NW 53RD STREET BOCA RATON, FL
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 02/06/04-80137-025 158.75

DO NOT WRITE IN THIS SPACE

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: Steven Louie Steven J. Louie 1/20/04 (561) 965-6685
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #