

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004728

FILED
Feb 21, 2006
Secretary of State

Entity Name: FLORIDA ALLERGY, ASTHMA & IMMUNOLOGY SOCIETY, INC.

Current Principal Place of Business:

4909 LANNIE RD
STE B
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

4909 LANNIE RD
STE B
JACKSONVILLE, FL 32218

New Mailing Address:

FEI Number: 59-3374796

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TORBETT, JEANNE A CHP
4909 LANNIE RD
JACKSONVILLE, FL 32218 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: GUBERNICK, SAMUEL DO
Address: 6450 38TH AVE. N., #210
City-St-Zip: ST. PETERSBURG, FL 33710

Title: PD () Delete
Name: WEIN, MICHAEL MD
Address: 3375 20TH ST STE 140
City-St-Zip: VERO BEACH, FL 32960

Title: D () Delete
Name: TORBETT, JEANNE CMP
Address: 6855 WILSON BLVD, STE 12
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GUBERNICK, SAMUEL DO
Address: 6450 38TH AVE. N., #210
City-St-Zip: ST. PETERSBURG, FL 33710

Title: VPD (X) Change () Addition
Name: STEVEN, LOUIE MD
Address: 5507 S. CONGRESS AVE., STE. #140
City-St-Zip: ATLANTIS, FL 33462

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEANNE TORBETT, CMP

D

02/21/2006

Electronic Signature of Signing Officer or Director

Date