

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000045646

FILED
May 02, 2005
Secretary of State

Entity Name: ALLERGY, SINUS & ASTHMA SPECIALTY CARE, P.A.

Current Principal Place of Business:

ALLERGY, SINUS & ASTHMA SPEC. CARE PA
13 SW MAIN BLVD.
LAKE CITY, FL 32025

New Principal Place of Business:

ALLERGY, SINUS & ASTHMA SPEC. CARE PA
213 SW MAIN BLVD.
LAKE CITY, FL 32025

Current Mailing Address:

ALLERGY, SINUS & ASTHMA SPEC. CARE PA
13 SW MAIN BLVD.
LAKE CITY, FL 32025

New Mailing Address:

ALLERGY, SINUS & ASTHMA SPEC. CARE PA
213 SW MAIN BLVD.
LAKE CITY, FL 32025

FEI Number: 59-3644789

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANDERS, WILLIAM D
201 S. FIRST STREET
LAKE CITY, FL 32025 US

Name and Address of New Registered Agent:

SANDERS, WILLIAM D
213 SW MAIN BLVD.
LAKE CITY, FL 32025 US

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: WILLIAM D. SANDERS

05/02/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SANDERS, WILLIAM D
Address: 201 SOUTH FIRST ST.
City-St-Zip: LAKE CITY, FL 32025

Title: S () Delete
Name: OKIE, ALLEN
Address: 201 SOUTH FIRST ST.
City-St-Zip: LAKE CITY, FL 32025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SANDERS, WILLIAM D
Address: 213 SW MAIN BLVD.
City-St-Zip: LAKE CITY, FL 32025

Title: S (X) Change () Addition
Name: OKIE, ALLEN
Address: 213 SW MAIN BLVD.
City-St-Zip: LAKE CITY, FL 32025

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM D. SANDERS

PRES

05/02/2005

Electronic Signature of Signing Officer or Director

Date