

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90192 004 \*\*\*150.00

**DOCUMENT # P00000045646**

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



Principal Place of Business  
**ALLERGY, SINUS & ASTHMA SPEC. CARE PA  
201 SOUTH FIRST ST.  
LAKE CITY FL 32025**

Mailing Address  
**ALLERGY, SINUS & ASTHMA SPEC. CARE PA  
201 SOUTH FIRST ST.  
LAKE CITY FL 32025**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.  
**213 SW Main Blvd.**

Suite, Apt. #, etc.  
**213 SW Main Blvd.**

City & State

City & State

4. FEI Number  
**59-3644789**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

**FL**

Zip Code

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, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
SANDERS, WILLIAM D  
201 SOUTH FIRST ST.  
LAKE CITY FL 32025** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
OKIE, ALLEN  
201 SOUTH FIRST ST.  
LAKE CITY FL 32025** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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:

**WILLIAM D SANDERS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-16-03 386-961-9809**

Date

Daytime Phone #

CR2E034 (10/02)