

PO 1000050569
ransmitta Lett

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

200004215932--5
-05/14/01--01131--021
*****70.00 *****70.00

SUBJECT: ALLERGY, ASTHMA, CLINIC INC
(Proposed corporate name – must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 ☐ \$78.75 ☐ \$122.50 ☐ \$131.25

FROM: RANJITH M. SHETTY
Name (printed or typed)

5307 MAIN STREET, STE#201
Address

NEW PORT RICHEY, FL-34652
City, State, & Zip

727-841-8876
Daytime Telephone Number

FILED
01 MAY 14, AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.

T SMITH MAY 22 2001

4

**Articles of Incorporation
Of
ALLERGY, ASTHMA, CLINIC INC**

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida

Article I - Name

The name of the corporation shall be:

ALLERGY, ASTHMA, CLINIC INC

Article II - Principal Office

The principal place of business and mailing address of this corporation shall be:

**5307 MAIN STREET, STE#201
NEW PORT RICHEY, FL-34652**

Article III - Shares

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

Article IV - Initial Registered Agent and Street Address

The name and address of the initial registered agent is

**RANJITH M. SHETTY
5307 MAIN STREET, STE#201
NEW PORT RICHEY, FL-34652**

**FILED
01 MAY 14 AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

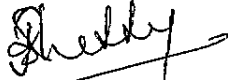
Article V - Incorporator(s)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):

JALSHREE SHETTY
5307 MAIN STREET,STE#201
NEW PORT RICHEY,FL-34652

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

9th Day of May 2001



Signature

Signature

Signature

Signature

Articles of Incorporation
Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE / REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

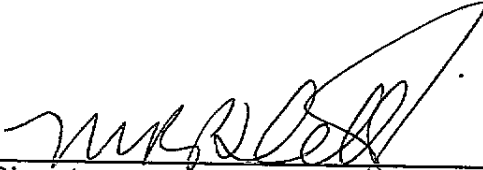
ALLERGY,ASTHMA,CLINIC INC

2. The name and address of the registered agent and office is:

**RANJITH M.SHETTY
5307 MAIN STREET,STE#201
NEW PORT RICHEY,FL-34652**

**FILED
01 MAY 14 AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Having been named as the registered agent and to accept service of process for the above



Signature

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314