

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000059136	
1. Entity Name ASTHMA SINUS ALLERGY RESEARCH INSTITUTE INC.	
Principal Place of Business 7800 SW 87TH AVENUE SUITE C-340 MIAMI, FL 33173-3570	Mailing Address 7800 SW 87TH AVENUE SUITE C-340 MIAMI, FL 33173-3570



02112004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1123296	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

COHEN, JEFFREY L
54 NE FOURTH AVENUE
DELRAY BEACH, FL 33483

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	P BECK, MORRIS MD 7800 SW 87TH AVENUE SUITE C-340 MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S YOUNG, MARK MD 7800 SW 87TH AVENUE SUITE C-340 MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T UBALS, ELENA MD 7800 SW 87TH AVENUE SUITE C-340 MIAMI, FL 33173
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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02/26/04-80053-017 150.00

**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)(f), 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-04 305-595-0109
Date Daytime Phone #