

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000059954

FILED  
Jan 03, 2006  
Secretary of State

**Entity Name:** ASTHMA AND ALLERGY CLINIC, P.A.

**Current Principal Place of Business:**

2687 JENKS AVE  
PANAMA CITY, FL 32405

**New Principal Place of Business:**

**Current Mailing Address:**

2687 JENKS AVE  
PANAMA CITY, FL 32405

**New Mailing Address:**

FEI Number: 01-0706756

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KHARE, GEETA  
2837 LONGLEAF RD  
PANAMA CITY, FL 32405 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: KHARE, GEETA  
Address: 2837 LONGLEAF RD  
City-St-Zip: PANAMA CITY, FL 32405

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEETA KHARE

DR.

01/03/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date