

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000059954

FILED
Mar 02, 2009
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:

2687 JENKS AVE
PANAMA CITY, FL 324054351

Current Mailing Address:

2687 JENKS AVE
PANAMA CITY, FL 32405

New Mailing Address:

2687 JENKS AVE
PANAMA CITY, FL 324054351

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 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

D

03/02/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date