


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90564 037 ***150.00

DOCUMENT # P02000079753 1. Entity Name GULF COAST ALLERGY CENTER, P.A.					
Principal Place of Business 3524 TAMiami TRAIL SUITE E PORT CHARLOTTE, FL 33952			Mailing Address 3524 TAMiami TRAIL SUITE E PORT CHARLOTTE, FL 33952		
2. Principal Place of Business 3400 TAMiami TRAIL, SUITE 201		3. Mailing Address Suite, Apt. #, etc. SUITE 201			
City & State PORT CHARLOTTE, FL		City & State PORT CHARLOTTE, FL		4. FEI Number 82-0551665	
Zip 33952		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHANDRAHASA, USHA 3524 TAMiami TRAIL SUITE E PORT CHARLOTTE, FL 33952				7. Name and Address of New Registered Agent Name CHANDRAHASA, USHA Street Address (P.O. Box Number is Not Acceptable) 3400 TAMiami TRAIL, SUITE 201 City PORT CHARLOTTE FL Zip Code 33952	
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 <u><i>Usha Chandrasa</i></u> 4.26.05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PVST CHANDRAHASA, USHA 3524 TAMiami TRAIL SUITE E PORT CHARLOTTE, FL 33952		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST CHANDRAHASA, USHA 3400 TAMiami TRAIL, SUITE 201 PORT CHARLOTTE, FL 33952	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Usha Chandrasa</i></u> USHA CHANDRAHASA 4.26.05 941-743-2277 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date Daytime Phone #					