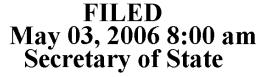
## 2006 FOR PROFIT CORPORATION

## **ANNUAL REPORT DOCUMENT # P02000079753**



05-03-2006 90244 049 \*\*\*150.00

1. Entity Name GULF COAST ALLERGY CENTER, P.A.											
Principal Place of Business 3400 TAMIAMI TRAIL SUITE 201 PORT CHARLOTTE, FL 33952				iailing Address 8524 TAMIAMI TRAIL S PORT CHARLOTTE, FL		20044152					
2. Principal Place of Business			3.	3. Mailing Address 3400 TAMIAMI TRAIL							
Suite, Apt. #, etc.				Suite, Apt. #, etc.			04262006	Chg-P	CR2E03	4 (11/05)	
City & State				City & State PORT CHAR		4. FEI Numb 82-055				pplied For ot Applicable	
Zip		Country		<sup>Zip</sup> <b>3</b> 3952	Coun	try		of Status Desired		8.75 Add ee Require	
6. Name and Address of Current Re				stered Agent	Name	7. Name and Address of New Registered Agent					
CHANDRAHASA, USHA S 3400 TAMIAMI TRAIL S SUITE 201						Street Address (P.O. Box Number is Not Acceptable)					
PORT CHARLOTTE, FL 33952											
						City			FL	Zip Code	3
	named entitions of regist		nt for the p	ourpose of changing its	registere	ed office or regist	ered agent, or bo	oth, in the State of Flo	orida. I am fa	miliar with,	and accept
SIGNATURE	Signature, typed	or printed paints of registered a	gent and litle	if applicable. (NOT	E: Registere	d Agent signature requir	red when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00				9. Election Campa Trust Fund Cont			5.00 May Be ided to Fees	:			
10.		OFFICERS A	ND DIRE	CTORS	11.		ADDITIONS	/CHANGES TO OFF	ICERS AND	IRECTORS	3 IN 11
TITLE	PVST			☐ Delete	TITLE					Change	Addition
NAME STREET ADDRESS	CHANDRAHASA, USHA 3400 TAMIAMI TRAIL, SITE 201				NAM	E ET ADDRESS					
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952					-ST-ZIP					
TITLE		·		☐ Delete	TITLE					☐ Change	☐ Addition
NAME					NAM	E				_	_
STREET ADDRESS						ET ADDRESS					
CITY-ST-ZIP					CITY	-ST-ZIP					
TITLE NAME				☐ Delete	TITLE					Change	Addition
STREET ADDRESS						ET ADDRESS					
CITY-ST-ZIP						-ST-ZIP					
TITLE				Delete	TITLE					Change	Addition
NAME					NAM						
STREET ADDRESS						ET ADDRESS					
CITY-ST-ZIP					-	-ST-ZIP					
TITLE NAME				☐ Delete	TITLE					Change	☐ Addition
STREET ADDRESS						ET ADDRESS					
CITY-ST-ZIP					CITY	-S1-ZIP					
TIFLE				☐ Delete	TiTLE	:		"		☐ Change	Addition
NAME					NAM						
STREET ADDRESS						ET ADDRESS					
CITY-ST-ZIP	1				UIIY	- \$1 - ZIP					

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 attackment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OF DIRECTOR

4.28.06 941-743-2277

Daytime Phone #