

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000073087

FILED
Apr 23, 2009
Secretary of State

Entity Name: ALLERGY, SLEEP AND LUNG CARE, P.A.

Current Principal Place of Business:

1530 LEE BLVD
2100
LEHIGH, FL 33936

New Principal Place of Business:

Current Mailing Address:

1530 LEE BLVD
2100
LEHIGH, FL 33936

New Mailing Address:

FEI Number: 20-1129894

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUTLER, GAREY F
FOWLER WHITE BOGGS BANKER P.A.
2201 SECOND ST - 5TH FLOOR
FT MYERS, FL 33901 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: AHMAD, IMTIAZ
Address: 1530 LEE BLVD., SUITE 2100
City-St-Zip: LEHIGH ACRES, FL 33936

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: AMENA KHAN

MRS.

04/23/2009

Electronic Signature of Signing Officer or Director

Date