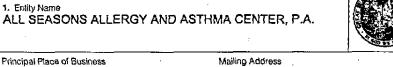
2006 FOR PROFIT CORPORATION **ANNUAL REPORT** DOCUMENT # P04000165089 1. Entity Name ALL SEASONS ALLERGY AND ASTHMA CENTER, P.A.

FILED Mar 16, 2006 08:00 AM Secretary of State



1025 N BEAL PKWY STE D

FT WALTON BEACH, FL 32547

US

Fee Required

DO NOT WRITE IN THIS SPACE

03092006	No Chg-P	CR2E034 (11/05)			
4. FEI Number 20-1972604			Applied For		
			Not Applicable		
5. Certificate o	of Status Desired	\$8.75 Additional			

6. Name and Address of Current Registered Agent

US

CLARK, JUSTIN 1025 N BEAL PKWY STE D FT WALTON BEACH, FL 32547

SIGNATURE:

1025 N BEAL PKWY STE D

FT WALTON BEACH, FL 32547

DO NOT WRITE IN THIS SPACE

3/14/2006

			77 11110 017102			
	e named entity submits this statement for the plant of registered agent.	ourpose of changing its registers	ed office or	registered agent, or both	h, in the State of Florida. I am familiar with, and accept	
	Signature, typed or printed name of registered agent and titls	If applicable (NOTE, Registerer	i Agent signatur	e required when reinstating)	DATE	
FiLE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
10.	OFFICERS AND DIREC	CTORS	ľ			
TITLE NAME STREET ADDRESS GITY-ST-ZIP	P CLARK, JUSTIN D.O. 1025 N BEAL PKWY STE D FT WALTON BEACH, FL 32547		U00000463228 03/25/06-80020-019 150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					330 310 100100	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE HAME STREET ADDRESS CITY-SI-ZIP				IN 7	THIS SPACE	
TITLE NAME SIREET ADDRESS CITY-SI-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby a indicated of the cor changed	certify that the information supplied with this fit on this report or supplemental report is true a poration or the receiver frustes expowered or on an attachment with an adducts, with all	ling does not qualify for the exe and accurate and that my signat of to execute this report as requir to other like empowered.	mptions course shall had ed by Chap	ntained in Chapter 119, ve the same legal effect (er 607, Florida Statutes	Florida Statutes. I further certify that the information as if made under eath; that I am an officer or director; and that my name appears in Block 10 or Block 11 if	

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR