


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P05000152777</b>	
1. Entity Name <b>FAMILY ALLERGY &amp; ASTHMA CONSULTANTS, P.A.</b>	

Principal Place of Business <b>4123 UNIVERSITY BLVD SOUTH JACKSONVILLE, FL 32216</b>	Mailing Address <b>4123 UNIVERSITY BLVD SOUTH JACKSONVILLE, FL 32216</b>
---------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------

**DO NOT WRITE IN THIS SPACE**

01092008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-3802248</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**NULAND, CHRISTOPHER L  
1000 RIVRSIDE AVENUE  
SUITE 115  
JACKSONVILLE, FL 32204**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
-------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRABHU, SUDHIR L M.D. 4123 UNIVERSITY BOULEVARD SOUTH JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOSHI, SUNIL MD 4123 UNIVERSITY BLVD SOUTH JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 attachment with an address, with all other like empowered

SIGNATURE: Sudhir Prabhu MD 2/29/08 650-9100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #