2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# P05000152777

Entity Name: FAMILY ALLERGY & ASTHMA CONSULTANTS, P.A.

Current Principal Place of Business:

4123 UNIVERSITY BLVD SOUTH
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

4123 UNIVERSITY BLVD SOUTH
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 20-3802248 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

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: CHRISTOPHER L. NULAND 04/06/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: PRABHU, SUDHIR L M.D.
Address: 4123 UNIVERSITY BOULEVARD SOUTH
City-St-Zip: JACKSONVILLE, FL 32216

Title: V ( ) Delete
Name: JOSHI, SUNIL MD
Address: 4123 UNIVERSITY BLVD SOUTH
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: SUDHIR L. PRABHU MD 04/06/2009
Electronic Signature of Signing Officer or Director Date