

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000152777

FILED
Jan 07, 2010
Secretary of State

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:

4123 UNIVERSITY BLVD SOUTH
SUITE B
JACKSONVILLE, FL 32216

Current Mailing Address:

4123 UNIVERSITY BLVD SOUTH
JACKSONVILLE, FL 32216

New Mailing Address:

4123 UNIVERSITY BLVD SOUTH
SUITE B
JACKSONVILLE, FL 32216

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 RIVERSIDE AVENUE
SUITE 115
JACKSONVILLE, FL 32204 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
Name: PRABHU, SUDHIR L M.D.
Address: 4123 UNIVERSITY BOULEVARD SOUTH
City-St-Zip: JACKSONVILLE, FL 32216

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

I hereby 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 all other like empowered.

SIGNATURE: SUDHIR PRABHU, M.D.

MD

01/07/2010

Electronic Signature of Signing Officer or Director

Date