

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000019601

**FILED**  
**Jan 18, 2012**  
**Secretary of State**

**Entity Name:** KRATZ ALLERGY, ASTHMA & IMMUNOLOGY ASSOCIATES, P.A.

**Current Principal Place of Business:**

8202 WASHINGTON STREET  
PORT RICHEY, FL 34668

**New Principal Place of Business:**

**Current Mailing Address:**

8202 WASHINGTON STREET  
PORT RICHEY, FL 34668

**New Mailing Address:**

FEI Number: 59-3235439

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KRATZ, JAIME MD  
8202 WASHINGTON STREET  
PORT RICHEY, FL 34668 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

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: KRATZ, JAIME MD  
Address: 8202 WASHINGTON STREET  
City-St-Zip: PORT RICHEY, FL 34668

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: JAIME KRATZ

MD

01/18/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date