

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90034 001 ***150.00

DOCUMENT # P95000032398

1. Entity Name
ALLERGY, SINUS & ASTHMA CENTER AND LUNG
THERAPY CENTER OF OCALA, INC.



Principal Place of Business
3120 SW 27TH AVE.
SUITE 200
OCALA, FL 34474

Mailing Address
3120 SW 27TH AVE.
SUITE 200
OCALA, FL 34474

94031776



2. Principal Place of Business
3307 S.W. 26TH AVE.

3. Mailing Address
3307 S.W. 26TH AVE.

Suite, Apt. #, etc.
SUITE 101

Suite, Apt. #, etc.
SUITE 101

02182004 Chg-P CR2E034 (10/03)

City & State
OCALA, FL

City & State
OCALA, FL

4. FEI Number
59-3308530

Applied For
Not Applicable

Zip
34474

Country

Zip
34474

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

INDEST, GEORGE F III
220 E. CENTRAL PARKWAY
ALTAMONTE SPRINGS, FL 32701

7. Name and Address of New Registered Agent

Name
JAY PRAVDA
Street Address (P.O. Box Number is Not Acceptable)
3307 S.W. 26TH AVE., #101
City
OCALA FL Zip Code
34474

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/5/04

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PTS	PRAVDA, JAY	3120 SW 27TH AVE. #200	OCALA, FL 34474	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		3307 S.W. 26TH AVE., SUITE 101	OCALA, FL 34474	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JAY PRAVDA, PRESIDENT

3/5/04 352-598-8866

Date

Daytime Phone #