

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000045906 (1)**

1. Corporation Name

ALLERGY, SINUS, & ASTHMA CENTER OF GAINESVILLE, INC.



Principal Place of Business

**908 NW 57 ST SUITE C
GAINESVILLE FL 32605**

Mailing Address

**908 NW 57 ST SUITE C
GAINESVILLE FL 32605**

3. Date Incorporated or Qualified
07/01/1995

3a. Date of Last Report
N/A

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHAMBERLAIN, STEVEN M
1 SE FIRST AVE
GAINESVILLE FL 32601**

81

Name

Clayton, Marilyn

82

Street Address (P.O. Box Number is Not Acceptable)

1014 N. W. 57th Street

83

84

City

Gainesville

FL

85

Zip Code

32605

11. Pursuant to the provisions of Sections 607.0602 and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0603, Florida Statutes.

SIGNATURE

Marilyn Clayton

Marilyn Clayton

2/9/96

DATE

12. OFFICERS AND DIRECTORS

TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13.

1.1 TITLE	☐ Change ☒ Addition
1.2 NAME	P/S/T
1.3 STREET ADDRESS	Clayton, Marilyn
1.4 CITY- ST- ZIP	1014 N. W. 57th Street
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Marilyn Clayton

Marilyn Clayton, President 2/9/96 352-332-8333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE OF FILING

CR2E034 (12/95)