


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2007 08:00 AM
Secretary of State

DOCUMENT # P95000084714 1. Entity Name ALLERGY, ASTHMA & IMMUNOLOGY ASSOCIATES, P.A.	
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Principal Place of Business
**3636 UNIVERSITY BLVD. SOUTH
SUITE B-2
JACKSONVILLE, FL 32216 US**

Mailing Address
**3636 UNIVERSITY BLVD. SOUTH
SUITE B-2
JACKSONVILLE, FL 32216 US**



01222007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3342067	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NULAND, CHRISTOPHER L
1000 RIVERSIDE AVENUE
SUITE 200R
JACKSONVILLE, FL 32204**

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when renewing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$350.00**

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	DS MASS, MYRON F 3636 UNIVERSITY BLVD. SOUTH #B2 JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MIZRAHI, EDWARD A 3636 UNIVERSITY BLVD. SOUTH #A3 JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PRABHU, SUDHIR L 4123 UNIVERSITY BLVD. SOUTH #B JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WUBBENA, PAUL F. JR. 5913 NORMANDY BLVD #1 JACKSONVILLE, FL 32205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000636651
02/26/07-80030-004 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/07
Date

904-636-9100
Daytime Phone #