

2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)

DOCUMENT # P97000013519

1. Entity Name

ALLERGY, SINUS & ASTHMA CENTER OF LEESBURG,
INC.



Principal Place of Business

926 N HIGHWAY
27/441
LADY LAKE FL 32159

Mailing Address

PO BOX 1804
LADY LAKE FL 32158

2. Principal Place of Business

17820 SE. 109 AVE

3. Mailing Address

Suite, Apt. #, etc.
707

Suite, Apt. #, etc.

City & State
Summerfield FL
Zip 34491 County MARION

City & State

Zip

Country

4. FEI Number

59-3429081

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

W & P SERVICES, INC.
1936 LEE RD., STE. 101
WINTER PARK FL 32789

Name

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

City

FL

Zip Code

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)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
NEUZI, FRANCIS E JR.
P.O. BOX 1804
1804 LAKE FL 32158

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

Change Add

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 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

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90022 032 ***150.00



1st MOORE CR2E034 (10/04)

59-3429081

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

2/16/05

Date

Daytime Phone #