2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000067382

Entity Name

ALLERGY & ASTHMA CENTER OF NORTHWEST FLORIDA, P.A.



Principal Place of Business

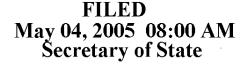
6160 N DAVIS HWY

SUITE 3 PENSACOLA, FL 32504 Mailing Address

6160 N DAVIS HWY

SUITE 3

PENSACOLA, FL 32504





DO NOT WRITE IN THIS SPACE

No Chg-P CR2E034 (10/03)

4. FEI Number	Applied For
59-3461010	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

LOZIER, DANIEL R 6160 N DAVIS HWY SUITE 3 PENSACOLA, FL 32501

SIGNATURE: 丛

DO	NOT	WRITE
IN	THIS	SPACE

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8. The above the obligati	named entity submits this statement for the prions of registered agent.	urpose of changing its registere	d office or registered agent, or bot	h, in the State of Florida. I am familiar with, and accept
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 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	TORS		
TITLE NAME STREET ADDRESS CITY-SI-ZIP	D WESTBROOK, THOMAS G M.D. 6160 N DAVIS HWY SUITE 3 PENSACOLA, FL 32504	-		•
TITLE NAME STREET ADDRESS CITY-ST-ZIP			: 	U00000360440 05/05/05-80032-017 150.00
TIJLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN ⁻	THIS SPACE
TITLE NAME STREET ADDRESS GITY-ST-ZIP	8.14349H	•		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ott — MC (BC (BB) på , neakkakakakaka	海州平平十七月19 为汉安安市安安安产业市市安全	- MAKAMPA (東ロード) 。 使した数	- 神政学者のです。 シタではなくませい たまがくた (神どか)
12. I hereby certify that the information sapplied with this filing does not qualify for the examption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental leport 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.				