

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90184 034 \*\*\*150.00

**DOCUMENT # P97000072878**

1. Entity Name  
**ALLERGY, ASTHMA AND IMMUNOLOGY CENTER, INC.**

Principal Place of Business 8245 COUNTY RD 44 LEG A LEESBURG FL 34788		Mailing Address 8245 COUNTY RD 44 LEG A LEESBURG FL 34788-3739	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **59-3463630**  Applied For  Not Applied For

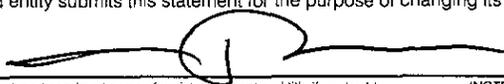
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>SHEN, THOMAS J</b> <b>1108 N PALMETTO STREET</b> <b>LEESBURG FL 34748</b>		Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b>   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.

SIGNATURE  DATE 1-21-00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

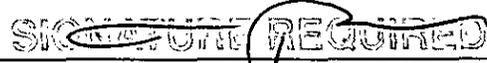
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>P</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHEN, MD THOMAS J</b>	NAME	
STREET ADDRESS	<b>8245 C R 44, LEG A STE 1</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>LEESBURG FL 34788</b>	CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHEN, ELIZABETH</b>	NAME	
STREET ADDRESS	<b>1108 N PALMETTO S E</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>LEESBURG FL 34748</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 11 or Block 12 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**

Date 1-21-00 Daytime Phone # 352-314-29