

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State
 05-03-2002 90031 005 ***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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 8245 CR 44 LEG A

3. Mailing Address
 8245 CR 44 LEG A

Suite, Apt. #, etc.
 SUITE 1

Suite, Apt. #, etc.
 SUITE 1

City & State
 LEESBURG, FL

City & State
 LEESBURG, FL

Zip Country
 34788 US

Zip Country
 34788 US

4. FEI Number 59-3463630

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SHEN, THOMAS J
 1108 N PALMETTO STREET
 LEESBURG FL 34748

7. Name and Address of New Registered Agent

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.

SIGNATURE **4-25-02**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME SHEN, MD THOMAS J
STREET ADDRESS 8245 C R 44, LEG A STE 1
CITY-ST-ZIP LEESBURG FL 34788

TITLE S ☐ Delete
NAME SHEN, ELIZABETH
STREET ADDRESS 1108 N PALMETTO S E
CITY-ST-ZIP LEESBURG FL 34748

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

4/25/02 552-314-2929

CR2E034 (9/01)