

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000072878	
1. Entity Name ALLERGY, ASTHMA AND IMMUNOLOGY CENTER, INC.	



Principal Place of Business 8245 COUNTY RD 44 LEG A SUITE 1 LEESBURG, FL 34788 US	Mailing Address 8245 COUNTY RD 44 LEG A SUITE 1 LEESBURG, FL 34788 US
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03072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3463630	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SHEN, THOMAS J 1108 N PALMETTO STREET LEESBURG, FL 34748
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**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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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	P SHEN, MD THOMAS J 8245 C R 44, LEG A STE 1 LEESBURG, FL 34788
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHEN, ELIZABETH 1108 N PALMETTO S E LEESBURG, FL 34748
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04/14/06-80021-007 150.00

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**352-314
3-31-06 / 2929**
Date Daytime Phone #