

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

FILED
Jul 28, 2008 08:00 AM
Secretary of State



06182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**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 reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

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

U00000958532
07/28/08-80006-019 150.00

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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

Date

Daytime Phone #

Thomas J. Shen 7-15-08 352-314-2929