FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAR -3 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000096574

1. Corporation Name
OSCEOLA ALLERGY, SINUS AND ASTHMA CENTER

Principal Place of Business
6723 NW
AMERICAN LN
SUITE #1 LAKE CITY, FL 32055

Mailing Address
SAME

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11-1-97

4. FEI Number
59-34-78607
Applied For ✓
Not Applicable

5. Check if Certificate Requested ✓
$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ]
$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax [ ] Yes [✓] No

2. Principal Place of Business
21
Suite, Apt #, etc.
22
City & State
23
Zip 24 Country 25

2a Mailing Address
26
Suite, Apt #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent
ALEX L. GONZALES MD
6723 NW
AMERICAN LN SUITE #1
LAKE CITY, FL 32055

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and I accept the obligations of, Section 607.0505 Florida Statutes.

SIGNATURE
Signature (typed or printed) and title of person signing on behalf of corporation
3-1-99
DATE

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT
NAME Alex L. Gonzales MD.
STREET ADDRESS 6723 NW AMERICAN LN
CITY-ST-ZIP SUITE #1 LAKE CITY, FL 32055
[ ] DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[ ] DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[ ] DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[ ] DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[ ] DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE [ ] Change [ ] Add
NAME
STREET ADDRESS
CITY-ST-ZIP
200001275895652--- 1
-03/09/99--01032--019
****158.75 ****158.75

TITLE [ ] Change [ ] Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [ ] Change [ ] Add
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CITY-ST-ZIP

TITLE [ ] Change [ ] Add
NAME
STREET ADDRESS
CITY-ST-ZIP

B. 3/5/99 9582

CR2E034 (11/98)

14. I hereby certify that the information supplied with this filing, and to the best of my knowledge and belief, it is true and complete. For profit corporations, pursuant to 1120.681(3) Florida Statutes, I further certify that the name of an officer or director of the corporation or the resident or business representative listed as indicated on this annual report or supplemental document, or that I am an officer or director of the corporation or the resident or business representative listed as indicated on this annual report or supplemental document, or that I am a legal representative duly authorized to act on behalf of the corporation, officer or director of the corporation or the resident or business representative. I know all the report is required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 2/21/99