

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2003 8:00 am
Secretary of State

05-08-2003 90169 005 ***550.00

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DOCUMENT # P97000096574

1. Entity Name
OSCEOLA ALLERGY, SINUS & ASTHMA CENTER, INC.



Principal Place of Business
**6723 NW AMERICAN LN STE 1
LAKE CITY FL 32055
US**

Mailing Address
**6723 NW AMERICAN LN STE 1
LAKE CITY FL 32055
US**



2. Principal Place of Business
4251 NW AMERICAN LN

Suite, Apt. #, etc.
STE 1

City & State
LAKE CITY FL

3. Mailing Address
4251 NW AMERICAN LN

Suite, Apt. #, etc.
STE 1

City & State
LAKE CITY FL

CHECK HERE IF MAKING CHANGES

4. FEI Number
59-3478607

Applied For
 Not Applicable

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

Zip **32055** Country **COLUMBIA**

6. Name and Address of Current Registered Agent

GONZALES, ALEX
6723 NW AMERICAN LN, STE. #1
LAKE CITY FL 32055

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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	<input type="checkbox"/> Delete
P	GONZALES, ALEX L M.D.	6723 NW AMERICAN LN, STE. #1	LAKE CITY FL 32055	<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		4251 NW AMERICAN LN	LAKE CITY FL 32055	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE _____ DAYTIME PHONE # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)