

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000054878

FILED  
Jan 27, 2005  
Secretary of State

**Entity Name:** PARTNERS IN ALLERGY AND ASTHMA CARE, P.A.

**Current Principal Place of Business:**

3658 LITHIA PINECREST ROAD  
VALRICO, FL 33594

**New Principal Place of Business:**

**Current Mailing Address:**

3658 LITHIA PINECREST ROAD  
VALRICO, FL 33594

**New Mailing Address:**

**FEI Number:** 59-3517515

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GASSMAN, ALAN S ESQ.  
3658 LITHIA PINECREST RD.  
VALRICO, FL 33594 US

**Name and Address of New Registered Agent:**

GASSMAN, ALAN S ESQ.  
1245 COURT STREET  
SUITE 102  
CLEARWATER, FL 34616 US

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:

01/27/2005

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: HALSEY, ALAN B M.D.  
Address: 3658 LITHIA PINECREST ROAD  
City-St-Zip: VALRICO, FL 33594

Title: DVP ( ) Delete  
Name: KALIK, CRAIG A M.D.  
Address: 3658 LITHIA PINECREST ROAD  
City-St-Zip: VALRICO, FL 33594

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAN B HALSEY, MD

DP

01/27/2005

Electronic Signature of Signing Officer or Director

Date