

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000054878

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

FILED
Jan 11, 2007
Secretary of State

Current Principal Place of Business:

3658 LITHIA PINCREST ROAD
VALRICO, FL 33594

New Principal Place of Business:

Current Mailing Address:

3658 LITHIA PINCREST 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.
1245 COURT STREET
SUITE 102
CLEARWATER, FL 34616 US

Name and Address of New Registered Agent:

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:

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 PINCREST ROAD
City-St-Zip: VALRICO, FL 33594

Title: DVP () Delete
Name: KALIK, CRAIG A M.D.
Address: 3658 LITHIA PINCREST 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 exemption stated 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 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

01/11/2007

Electronic Signature of Signing Officer or Director

Date