PROFIT CORPORATION ANNUAL REPORT 1999



DOCUMENT # P9800059050

FLORIDA DEPARTMENT OF STATE

Secretary of State

Katherine Harris DIVISION OF CORPORATIONS

Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90008 007 ***150.00

1. Corporation						
ALLERG\	y & Asthma Centre, P.A	•				•
}	•) — C FORFARDS (OF ANSER SOURT BODIE BODIE BODIE BODIE DIGNE DE CONTROL DE CO
Principal Place	e of Business	Mailing A	Address		•	J 109 1700 110 20 m 10711 0 m 10 m 10 m 10 m 10 m 10 m 10 m 1
5405 PARK ST		_	K ST NORTH			
ST PETERSBUR			SBURG FL 33709			
					•	DO NOT WRITE IN THIS SPACE
}						3. Date (noorporated or Qualifed
						07/01/1998
2. Principal P	lace of Business	_	ng Address			4. FEI Number 353/2.00 Applied For Not Applicable
21		26				
Sulte, Apt.	#, etc.	Suite,	, Apt. #, etc.			5. Certificate of Status Desired Security Fee Required
22		27				
City & State	8		& State			6, Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
23		28				
Zip	Country	L Zip	r .	Cour	uy	8. This corporation owes the current year Intangible
24	25	29		<u> </u>		Personal Property Tax. Li Yes Li No 10. Name and Address of New Registered Agent
	9. Name and Address of Currer	it Keğistered	Agent		31 Name	10. Hans and Address of Hear Hegistered Agent
SCH	IFINO. WILLIAM J JR				, lane	
201 N FRANKLIN ST, SUITE 2600				82 Street Address (P.O. Box Number is Not Acceptable)		
1	PA FL 33602				33	
}	,,,,,				7-4	
ì					34 City	85 · Zip Code
						FL
	to the exercisions of Continue EO7 050					
11. Pursuant	edistered agent or both in the State	of Florida, Suc	18, Fiorida Statutes ch change was auti	horized	ove-named cor by the comoral	rporation submits this statement for the purpose of changing its registered ation's board of directors, I hereby accept the appointment as registered
l office or n	registered agent, or both, in the State im familiar with, and accept the obliga-	of Horida, Suc	ch change was aut	nonzec	Dy the corpora	riporation submits this statement for the purpose of changing its registered tition's board of directors. I hereby accept the appointment as registered
l office or n	egistered agent, or both, in the State im familiar with, and accept the obliga	of Florida, Suc itions of, Section	on 607.0505, Florid	nonzec ia Statu	es.	mon's board of directors, I neterly accept the appointment as registered
office or n agent. I a SIGNATURE	registered agent, or both, in the State in familiar with, and accept the obliga- Signature, typed or printed name of registered age	of Florida, Suc itions of, Section	on 607.0505, Florid	a Statu	es.	mon's board of directors, I neterly accept the appointment as registered
office or n agent. I a SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the obligation Signature, typed or printed name of registered agen OFFICERS AF	of Florida, Suc itions of, Section	on 607.0505, Florid	a Statu	py the corporal	mon's board of directors, I neterly accept the appointment as registered
office or n agent. I a SIGNATURE 12.	egistered agent, or both, in the State in familiar with, and accept the obligation of registered agent of registered agent of registered agent of registered agent of the control of the c	of Florida, Suc ations of, Sections at and the Fapplicat ID DIRECTOR	on 607.0505, Florid	a Statu	es. gent algusture requi	mon's board of directors, I neterly accept the appointment as registered
office or n agent. I a SIGNATURE 12. TITLE NAME	egistered agent, or both, in the State im familiar with, and accept the obligation of familiar with, and accept the obligation of familiar with, and accept the obligation of familiar to familiar with, and accept the obligation of familiar to familiar with a familiar wit	of Florida, Suctions of, Sections of, Sections of, Sections and the Fapplication of the Property of the Proper	on 607.0505, Florid	13.	gent algorature requir	mon's board of directors, I neterly accept the appointment as registered
office or nagent. I a signature 12. TITLE NAME STREET ADDRESS	egistered agent, or both, in the State in familiar with, and accept the obligation Signature, typed or printed name of registered agen OFFICERS AF	of Florida, Suctions of, Sections of, Sections of, Sections and the Fapplication of the Property of the Proper	on 607.0505, Florid	13. 1.1 TIN 1.2 NA 1.3 STF	poy the corporal das. gent algusture require E E E E E E E T A D T T T T T T T T T T T T	mon's board of directors, I neterly accept the appointment as registered
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State im familiar with, and accept the obligation of familiar with, and accept the obligation of familiar with, and accept the obligation of familiar to familiar with, and accept the obligation of familiar to familiar with a familiar wit	of Florida, Suctions of, Sections of, Sections of, Sections and the Fapplication of the Property of the Proper	Chickenge was auton 607.0505, Florid	13. 1.1 TITE 1.2 NAJ 1.4 CIT	poy the Corporal As. Gent algusture requir E E EET ADDRESS '-ST-ZIP	ired when reinstalling) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State im familiar with, and accept the obligation of familiar with, and accept the obligation of familiar with, and accept the obligation of familiar to familiar with, and accept the obligation of familiar to familiar with a familiar wit	of Florida, Suctions of, Sections of, Sections of, Sections and the Fapplication of the Property of the Proper	on 607.0505, Florid	egastered / 13. 1.1 TID 1.2 NAJ 1.3 STF 1.4 CIT	gent algorithm required to the composition of the c	mon's board of directors, I neterly accept the appointment as registered
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the State im familiar with, and accept the obligation of familiar with, and accept the obligation of familiar with, and accept the obligation of familiar to familiar with, and accept the obligation of familiar to familiar with a familiar wit	of Florida, Suctions of, Sections of, Sections of, Sections and the Fapplication of the Property of the Proper	Chickenge was auton 607.0505, Florid	nortzeo ia Statu 13. 1.1 TITI 1.2 NAJ 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAJ	pent algorithm requirements E E E E E E T T T T T T T	ired when reinstalling) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State im familiar with, and accept the obligation of familiar with, and accept the obligation of familiar with, and accept the obligation of familiar to familiar with, and accept the obligation of familiar to familiar with a familiar wit	of Florida, Suctions of, Sections of, Sections of, Sections and the Fapplication of the Property of the Proper	Chickenge was auton 607.0505, Florid	13. 1.1 TITI 1.2 NAJ 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAJ 2.3 STF	Dent algorithm requirements E E E E E T T T T T T T T	ired when reinstalling) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State im familiar with, and accept the obligation of familiar with, and accept the obligation of familiar with, and accept the obligation of familiar to familiar with, and accept the obligation of familiar to familiar with a familiar wit	of Florida, Suctions of, Sections of, Sections of, Sections and the Fapplication of the Property of the Proper	DELETE	13. 1.1 TITE 1.2 NA 1.3 STF 1.4 CIT 2.1 TITE 2.2 NA 2.3 STF 2.4 CIT	gent algusture requi E E E E E E E T T T T T T T T T T T T	ired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE	egistered agent, or both, in the State im familiar with, and accept the obligation of familiar with, and accept the obligation of familiar with, and accept the obligation of familiar to familiar with, and accept the obligation of familiar to familiar with a familiar wit	of Florida, Suctions of, Sections of, Sections of, Sections and the Fapplication of the Property of the Proper	Chickenge was auton 607.0505, Florid	13. 1.1 TIT 1.2 NAJ 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAJ 2.3 STF 2.4 CIT 3.1 TITI	gent algusture requires E E E E E E E T T T T T T T T T T T T	ired when reinstalling) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State im familiar with, and accept the obligation of familiar with, and accept the obligation of familiar with, and accept the obligation of familiar to familiar with, and accept the obligation of familiar to familiar with a familiar wit	of Florida, Suchions of, Sections of, Sections of, Sections and the Fapplication of the Property of the Proper	DELETE	13. 1.1 TITI 1.2 NAJ 1.3 STF 2.4 CIT 2.1 TITI 2.2 NAJ 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAJ 3.3 NAJ 3.4 NAJ 3.4 NAJ 3.5 NAJ	gent algusture requires E E E E E E E E E E E E E E E E E E E	ired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE	egistered agent, or both, in the State im familiar with, and accept the obligation of familiar with, and accept the obligation of familiar with, and accept the obligation of familiar to familiar with, and accept the obligation of familiar to familiar with a familiar wit	of Florida, Suchions of, Sections of, Sections of, Sections and the Fapplication of the Property of the Proper	DELETE	13. 1.1 TIT 1.2 NAJ 1.3 STF 2.1 TITI 2.2 NAJ 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAJ 3.3 STF	EET ADDRESS For a light a lig	ired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP CONTROL OF STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State im familiar with, and accept the obligation of familiar with, and accept the obligation of familiar with, and accept the obligation of familiar to familiar with, and accept the obligation of familiar to familiar with a familiar wit	of Florida, Suchions of, Sections of, Sections of, Sections and the Fapplication of the Property of the Proper	DELETE	13. 1.1 TIT 1.2 NAV 1.3 STF 2.1 TITI 2.2 NAV 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAV 3.3 STF 3.4 CIT	gent algusture requires E E E E E E E E E E E E E E E E E E E	Change
Office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	egistered agent, or both, in the State im familiar with, and accept the obligation of familiar with, and accept the obligation of familiar with, and accept the obligation of familiar to familiar with, and accept the obligation of familiar to familiar with a familiar wit	of Florida, Suchions of, Sections of, Sections of, Sections and the Fapplication of the Property of the Proper	DELETE	13. 1.1 TITL 1.2 NAV 1.3 STF 1.4 CIT 2.2 NAV 2.3 STF 2.4 CIT 3.1 TITL 3.2 NAV 3.3 STF 3.4 CIT 4.1 TITL	gent algusture requires E E E E E E E E E E E E E E E E E E E	ired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP CONTROL OF STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State im familiar with, and accept the obligation of familiar with, and accept the obligation of familiar with, and accept the obligation of familiar to familiar with, and accept the obligation of familiar to familiar with a familiar wit	of Florida, Suchions of, Sections of, Sections of, Sections and the Fapplication of the Property of the Proper	DELETE	13. 1.1 TITL 1.2 NAI 1.3 STF 1.4 CIT 2.1 TITL 2.2 NAI 2.3 STF 2.4 CIT 3.1 TITL 3.2 NAI 3.3 STF 3.4 CIT 4.1 TITL 4.2 NAI 4.2 NA	gent algusture requires E E E E E E E E E E E E E	Change
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the State im familiar with, and accept the obligation of familiar with, and accept the obligation of familiar with, and accept the obligation of familiar to familiar with, and accept the obligation of familiar to familiar with a familiar wit	of Florida, Suchions of, Sections of, Sections of, Sections and the Fapplication of the Property of the Proper	DELETE	13. 1.1 TITL 1.2 NAI 1.3 STF 1.4 CIT 2.1 TITL 2.2 NAI 2.3 STF 2.4 CIT 3.1 TITL 3.2 NAI 3.3 STF 3.4 CIT 4.1 TITL 4.2 NAI 4.3 STF 4.2 NAI 4.3 STF	gent algusture requires E E E E E E E E E E E E E E E E E E E	Change
Office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME	egistered agent, or both, in the State im familiar with, and accept the obligation of familiar with, and accept the obligation of familiar with, and accept the obligation of familiar to familiar with, and accept the obligation of familiar to familiar with a familiar wit	of Florida, Suchions of, Sections of, Sections of, Sections and the Fapplication of the Property of the Proper	DELETE DELETE	13. 1.1 TITO 1.2 NAV 1.3 STF 1.4 CIT 2.1 TITO 2.2 NAV 2.3 STF 3.4 CIT 4.1 TITO 4.2 NAV 4.3 STF 4.4 CIT	gent algorithm required to the comporation of the c	Change
Office or ragent. I a signature 12. Title name Street address city. St. Zip Title NAME STREET ADDRESS	egistered agent, or both, in the State im familiar with, and accept the obligation of familiar with, and accept the obligation of familiar with, and accept the obligation of familiar to familiar with, and accept the obligation of familiar to familiar with a familiar wit	of Florida, Suchions of, Sections of, Sections of, Sections and the Fapplication of the Property of the Proper	DELETE	13. 1.1 TITO 1.2 NAV 1.3 STF 1.4 CIT 2.1 TITO 2.2 NAV 2.3 STF 3.1 TITO 3.2 NAV 3.3 STF 4.1 TITO 4.2 NAV 4.3 STF 4.1 TITO 4.2 NAV 4.3 STF 5.1 TITO 5	gent algorithm required to the comporation of the c	Change
Office or ragent. I a signature 12. Title name street address city-st-zip title street address city-st-zip title name street address city-st-zip	egistered agent, or both, in the State im familiar with, and accept the obligation of familiar with, and accept the obligation of familiar with, and accept the obligation of familiar to familiar with, and accept the obligation of familiar to familiar with a familiar wit	of Florida, Suchions of, Sections of, Sections of, Sections and the Fapplication of the Property of the Proper	DELETE DELETE	13. 1.1 TITO 1.2 NAV 1.3 STF 1.4 CIT 2.1 TITO 2.2 NAV 2.3 STF 3.1 TITO 3.2 NAV 4.3 STF 4.1 TITO 4.2 NAV 4.3 STF 4.1 TITO 5.2 NAV 5.1 TITO 5.2 NAV 5.2 NAV 5.3	gent algorithm required to the comporation of the composition of the comporation of the comporation of the composition of the c	Change
Office or ragent. I a signature 12. Title name street address city-st-zip title street address city-st-zip title name	egistered agent, or both, in the State im familiar with, and accept the obligation of familiar with, and accept the obligation of familiar with, and accept the obligation of familiar to familiar with, and accept the obligation of familiar to familiar with a familiar wit	of Florida, Suchions of, Sections of, Sections of, Sections and the Fapplication of the Property of the Proper	DELETE DELETE	13. 1.1 TITO 1.2 NAV 1.3 STF 2.1 TITO 2.2 NAV 2.3 STF 3.1 TITO 3.2 NAV 3.3 STF 4.1 TITO 4.2 NAV 4.3 STF 4.1 TITO 5.2 NAV 5.3 STF 5.3 STF	E EET ADDRESS AS EET ADDRESS F. ST. ZP E EET ADDRESS F. ST. ZP E E E E E ADDRESS F. ST. ZP E E E E ADDRESS F. ST. ZP E E E E ADDRESS F. ST. ZP E E E E E ADDRESS F. ST. ZP	Change
Office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	egistered agent, or both, in the State im familiar with, and accept the obligation of familiar with, and accept the obligation of familiar with, and accept the obligation of familiar to familiar with, and accept the obligation of familiar to familiar with a familiar wit	of Florida, Suchions of, Sections of, Sections of Sections and the Fapplication of Section 11 of Section 12 of Sec	DELETE DELETE	13. 1.1 TITO 1.2 NAV 1.3 STF 2.1 TITO 2.2 NAV 2.3 STF 3.1 TITO 3.2 NAV 3.3 STF 4.1 TITO 4.2 NAV 4.3 STF 4.1 TITO 5.2 NAV 5.3 STF 5.3 STF	E EET ADDRESS /-ST-ZIP E E EET ADDRESS /-ST-ZIP E E EET ADDRESS /-ST-ZIP E SE-ST-ZIP E E E E E E E E E E E E E E E E E E E	Change

14. 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 annual report or suppliemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

8.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS