2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005
Secretary of State

DOCUMENT# P98000059050

Entity Name: ALLERGY & ASTHMA CENTRE, P.A.

Current Principal Place of Business:

5405 PARK ST NORTH
ST PETERSBURG, FL 33709

New Principal Place of Business:

Current Mailing Address:

PO BOX 5127
CLEARWATER, FL 33758

New Mailing Address:

5405 PARK STREET NORTH
ST PETERSBURG, FL 33709

FEI Number: 59-3531200 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LORRAINE, JAHN
400 NORTH ASHLEY PLAZA STE 3000
TAMPA, FL 336024331 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: P ( ) Delete
Name: OLIVERO, MARIAT MD
Address: 5405 PARK ST N
City-St-Zip: SAINT PETERSBURG, FL 33709

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: OLIVERO, MARIA T MD
Address: 5405 PARK ST N
City-St-Zip: SAINT PETERSBURG, FL 33709

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: MARIA T OLIVERO, MD PRES 03/24/2005

Electronic Signature of Signing Officer or Director Date