

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000104749 1. Entity Name FLORIDA CENTER FOR ALLERGY & ASTHMA RESEARCH, INC.	
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Principal Place of Business 8970 SW 87TH COURT, SUITE 101 MIAMI, FL 33176	Mailing Address 8970 SW 87TH COURT, SUITE 101 MIAMI, FL 33176
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DO NOT WRITE IN THIS SPACE



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0881955	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KTG&S REGISTERED AGENT CORPORATION 100 SE 2ND STREET STE 2800 MIAMI, FL 33131-2144
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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 _____	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PACIN, MICHAEL P MD 8790 SW 87TH COURT, SUITE 1 MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GLUCK, JOAN C MD 8790 SW 87TH COURT, SUITE 1 MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LANDMAN, JEFFREY MD 8970 SW 87TH COURT, SUITE 101 MIAMI, FL 33176
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	1/6/04 305-279-3366 Date Daytime Phone #
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