2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000104749

1. *Entity Name*
FLORIDA CENTER FOR ALLERGY & ASTHMA RESEARCH, INC.

Principal Place of Business	Mailing Address
8970 SW 87TH COURT, SUITE 101 MIAMI, FL 33176	8970 SW 87TH COURT, SUITE 101 MIAMI, FL 33176

01132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	PACIN, MICHAEL P MD
STREET ADDRESS	8790 SW 87TH COURT, SUITE 1
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	STD
NAME	GLUCK, JOAN C MD
STREET ADDRESS	8790 SW 87TH COURT, SUITE 1
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	VP
NAME	LANDMAN, JAIME MD
STREET ADDRESS	8970 SW 87TH COURT, SUITE 101
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/28/05-80077-008 150.00

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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)(i), 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: _____ 1-25-05 305-2793366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #