

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2003 8:00 am
Secretary of State

03-18-2003 90061 010 ***150.00

DOCUMENT # S40778

1. Entity Name
ALLERGY, ASTHMA AND IMMUNOLOGY CONSULTANTS, INC



Principal Place of Business
**6608 NW 9TH BLVD.
GAINESVILLE FL 32605
US**

Mailing Address
**6608 NW 9TH BLVD.
GAINESVILLE FL 32605
US**



2. Principal Place of Business

1173 NW 64th Terrace
Suite, Apt. #, etc.

3. Mailing Address

1173 NW 64th Terrace
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Gainesville, FL

City & State

Gainesville, FL

4. FEI Number **59-3056819**

Applied For
Not Applicable

Zip

32605

Country

U.S.A.

Zip

32605

Country

U.S.A.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PUNJA, MD M K
6608 NW 9TH BLVD.
GAINESVILLE FL 32605**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1173 NW 64th Terrace

City

Gainesville

FL

Zip Code

32605

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 **X** *Punja*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/17/03
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VEDANTHAN, P.K.	
STREET ADDRESS	1124 E ELIZABETH #E	
CITY-ST-ZIP	FT COLLINS CO	
TITLE	D	<input type="checkbox"/> Delete
NAME	PUNJA, MADHUKAR	
STREET ADDRESS	6608 NW 9TH BLVD.	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1173 NW 64th Terrace	
CITY-ST-ZIP	Gainesville, FL 32605	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/03 (352) 331-2485

Date Daytime Phone #

CR2E034 (10/02)