2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006
Secretary of State

DOCUMENT# S48680

Entity Name: ALLERGY AND ASTHMA CARE OF THE PALM BEACHES, P.A.

Current Principal Place of Business:

2141 ALTERNATE A1A, SUITE 220
JUPITER, FL 33477

New Principal Place of Business:

500 UNIVERSITY BLVD.
SUITE 116
JUPITER, FL 33458

Current Mailing Address:

2141 ALTERNATE A1A, SUITE 220
JUPITER, FL 33477

New Mailing Address:

500 UNIVERSITY BLVD.
SUITE 116
JUPITER, FL 33458

FEI Number: 65-0254690 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FARACI, JOHN P., M.D.
2141 ALTERNATE A1A, SUITE 220
SUITE 201
JUPITER, FL 33477 US

Name and Address of New Registered Agent:

FARACI, JOHN P., M.D.
500 UNIVERSITY BLVD.
SUITE 116
JUPITER, FL 33458 US

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: JOHN P. FARACI, M.D. 03/06/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DVP ( ) Delete
Name: FARACI, JOHN. P.,
Address: 905 XANADU PLACE
City-St-Zip: JUPITER, FL

Title: DP ( ) Delete
Name: OTERO, ELIZABETH M
Address: 948 POMPANO DRIVE
City-St-Zip: JUPITER, FL 33458

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JOHN P. FARACI, M.D. DVP 03/06/2006
Electronic Signature of Signing Officer or Director Date