

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S48680

FILED  
Jul 05, 2007  
Secretary of State

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

**Current Principal Place of Business:**

500 UNIVERSITY BLVD.  
SUITE 116  
JUPITER, FL 33458

**New Principal Place of Business:**

**Current Mailing Address:**

500 UNIVERSITY BLVD.  
SUITE 116  
JUPITER, FL 33458

**New Mailing Address:**

**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.  
500 UNIVERSITY BLVD.  
SUITE 116  
JUPITER, FL 33458 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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 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.

MD

07/05/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date