# I hereby 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 all other like empowered. SIGNATURE: EUGENE F SCHWARTZ PRESIDENT 02/01/2024

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# H79355

**Entity Name:** ALLERGY AND ASTHMA CONSULTANTS - EUGENE F. SCHWARTZ, M.D., P.A.

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

**Current Principal Place of Business:** 

793 DOUGLAS AVENUE ALTAMONTE SPRINGS, FL 32714

# **Current Mailing Address:**

793 DOUGLAS AVENUE ALTAMONTE SPRINGS, FL 32714

## FEI Number: 59-2578940

## Name and Address of Current Registered Agent:

SCHWARTZ, EUGENE F., M.D. 793 DOUGLAS AVENUE ALTAMONTE SPRINGS, FL 32714 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:

Electronic Signature of Registered Agent

### Officer/Director Detail :

TitlePTNameSCHWARTZ, EUGENE F.Address793 DOUGLAS AVENUECity-State-Zip:ALTAMONTE SPRINGS FL 32714

Certificate of Status Desired: No

Date

FILED Feb 01, 2024 Secretary of State 8701986081CC

Date