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

Electronic Signature of Signing Officer/Director Detail

Current Principal Place of Business: 793 DOUGLAS AVENUE

ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

DOCUMENT# H79355

SCHWARTZ, M.D., P.A.

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 :

Title	PT	Title	VS	
Name	SCHWARTZ, EUGENE F.	Name	ZEFFREN, BERNARD S	
Address	793 DOUGLAS AVENUE	Address	793 DOUGLAS AVENUE	
City-State-Zip:	ALTAMONTE SPRINGS FL 32714	City-State-Zip:	ALTAMONTE SPRINGS FL 32714	

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: ALLERGY AND ASTHMA CONSULTANTS - EUGENE F.

FILED Feb 12, 2016 Secretary of State CC3773056610

Date

Certificate of Status Desired: No

02/12/2016

PRESIDENT

Date