

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000059954

**Entity Name:** ASTHMA AND ALLERGY CLINIC, P.A.

**Current Principal Place of Business:**

2687 JENKS AVE  
PANAMA CITY, FL 32405-4351

**Current Mailing Address:**

2687 JENKS AVE  
PANAMA CITY, FL 32405-4351

**FEI Number: 01-0706756**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KHARE, GEETA MD  
2837 LONGLEAF RD  
PANAMA CITY, FL 32405 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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name KHARE, GEETA  
Address 2837 LONGLEAF RD  
City-State-Zip: PANAMA CITY FL 32405

*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: GEETA KHARE**

**DIRECTOR**

**01/09/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date