

2015 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 MD

DIRECTOR

01/12/2015

Electronic Signature of Signing Officer/Director Detail

Date