

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000152777

**Entity Name:** FAMILY ALLERGY & ASTHMA CONSULTANTS, P.A.

**Current Principal Place of Business:**

4123 UNIVERSITY BLVD SOUTH  
SUITE B  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

4123 UNIVERSITY BLVD SOUTH  
SUITE B  
JACKSONVILLE, FL 32216

**FEI Number:** 20-3802248

**Certificate of Status Desired:** No

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

NULAND, CHRISTOPHER L  
1000 RIVRSIDE AVENUE  
SUITE 115  
JACKSONVILLE, FL 32204 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 PRES  
Name PRABHU, SUDHIR LM.D.  
Address 4123 UNIVERSITY BOULEVARD S,  
SUITE B  
City-State-Zip: JACKSONVILLE FL 32216

Title VP  
Name JOSHI, SUNIL NMD  
Address 4123 UNIVERSITY BLVD S, SUITE B  
City-State-Zip: JACKSONVILLE FL 32216

*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:** SUDHIR L PRABHU, MD

**PRESIDENT**

**01/15/2015**

Electronic Signature of Signing Officer/Director Detail

Date