

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000019601

Entity Name: KRATZ ALLERGY, ASTHMA & IMMUNOLOGY ASSOCIATES, P.A.

Current Principal Place of Business:

8202 WASHINGTON STREET
PORT RICHEY, FL 34668

Current Mailing Address:

8202 WASHINGTON STREET
PORT RICHEY, FL 34668

FEI Number: 59-3235439

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KRATZ, JAIME MD
8202 WASHINGTON STREET
PORT RICHEY, FL 34668 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 DR
Name KRATZ, JAIME MD
Address 8202 WASHINGTON STREET
City-State-Zip: PORT RICHEY FL 34668

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: JAIME KRATZ

C.E.O./M.D.

01/16/2014

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date