

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000019601

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

**FILED**  
**May 24, 2016**  
**Secretary of State**  
**CC6074059150**

**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**

**CEO**

**05/24/2016**

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

\_\_\_\_\_  
Date