## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

Electronic Signature of Registered Agent

## DOCUMENT# P04000018933

Entity Name: SOUTHCOAST ALLERGY, P.A.

FILED Apr 05, 2012 Secretary of State

Date

Current Principal Place of Business:		New Principal Place of	New Principal Place of Business:	
4400 E. HWY. 20 STE 501 NICEVILLE, FL 32578				
Current Mailing Address:		New Mailing Address:	New Mailing Address:	
4400 E. HWY. 20 STE 501 NICEVILLE, FL 32578				
FEI Number: 20-0693455	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:		Name and Address of N	Name and Address of New Registered Agent:	
PITELL, LISA Y 4591 E. HWY. 20 NICEVILLE, FL 32578	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.				

## **OFFICERS AND DIRECTORS:**

Title: PRES

SIGNATURE:

 Name:
 KOVACS, ENDRE

 Address:
 1723 WREN WAY

 City-St-Zip:
 NICEVILLE, FL 32578

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: ENDRE KOVACS PRES 04/05/2012