2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2011
Secretary of State

DOCUMENT# P08000082736

Entity Name: FAMILY ALLERGY AND ASTHMA CENTER, P.A.

Current Principal Place of Business:

4008 MAGUIRE BLVD
APT 5110
ORLANDO, FL 32803 US

New Principal Place of Business:

13413 HESWALL RUN
ORLANDO, FL 32832 US

Current Mailing Address:

4008 MAGUIRE BLVD
APT 5110
ORLANDO, FL 32803 US

New Mailing Address:

13413 HESWALL RUN
ORLANDO, FL 32832 US

FEI Number: 26-3319651 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VU, ALEX
4008 MAGUIRE BLVD
APT 5110
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

VU, ALEX
13413 HESWALL RUN
ORLANDO, FL 32832 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: ATV 04/18/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: VU, ALEXANDER T
Address: 13413 HESWALL RUN
City-St-Zip: ORLANDO, FL 32832 US

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: ALEX VU P 04/18/2011
Electronic Signature of Signing Officer or Director Date