

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F51499

Entity Name: ALLERGY & ASTHMA CARE CENTRE, P.A.

Current Principal Place of Business:

4017 DEL PRADO BLVD.
CAPE CORAL, FL 33904-7160

Current Mailing Address:

4017 DEL PRADO BLVD.
CAPE CORAL, FL 33904-7160 US

FEI Number: 59-2122100

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TAX & FINANCIAL STRATEGISTS, LLC
28089 VANDERBILT ROAD
SUITE 201
BONITA SPRINGS, FL 34134 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 PD
Name CASTILLO, LAZARO L
Address 4017 DEL PRADO BLVD.
City-State-Zip: CAPE CORAL FL 33904-7160

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: LAZARO L CASTILLO

PD

03/19/2015

Electronic Signature of Signing Officer/Director Detail

Date