2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2015
Secretary of State
CC6788357606

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Entity Name: TALLAHASSEE ALLERGY, ASTHMA & IMMUNOLOGY, PROFESSIONAL LIMITED COMPANY

Current Principal Place of Business:

2619 CENTENNIAL BLVD
SUITE 103
TALLAHASSEE, FL 32308

Current Mailing Address:

PO BOX 13058
TALLAHASSEE, FL 32317-3058 US

FEI Number: 20-4477374

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILSON, BRIAN G
2619 CENTENNIAL BLVD.
SUITE 103
TALLAHASSEE, FL 32308 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

Authorized Person(s) Detail :

Title	MGRM
Name	WILSON, BRIAN G
Address	2619 CENTENNIAL BLVD., SUITE 103
City-State-Zip:	TALLAHASSEE FL 32308

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BRIAN G. WILSON MGRM 01/14/2015

Electronic Signature of Signing Authorized Person(s) Detail — Date