**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Feb 07, 2024**
**Secretary of State**
**6176245568CC**

DOCUMENT# L06000026232

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

**Current Principal Place of Business:**

2646 CENTENNIAL PLACE
SUITE B
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
2646 CENTENNIAL PLACE
SUITE B
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 | 2646 CENTENNIAL PLACE<br>SUITE B |
| 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 02/07/2024

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