

486782

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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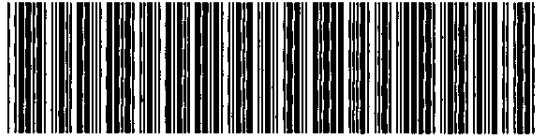
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JAN 13 AM 8:21

T. Roberts JAN 21 2009



Kathy J. Tayon
Direct Dial: 954-703-3903
Direct Fax: 954-707-4554
kathy.tayon@fowlerwhite.com

January 9, 2009

U.S. MAIL - CERTIFIED

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Allergy & Asthma Associates of South Florida, P.A.;
Document number: 486782;
Statement of Change of Registered Office or Registered Agent or Both for
Corporations

Dear Sir or Madam:

Enclosed please find the Statement of Change of Registered Office or Registered Agent or Both for Corporations ("Statement of Change of RO and RA") for the above-referenced corporation along with a check in the amount of \$35.00 for the payment of the filing fee to file the Statement of Change of RO and RA.

If you have any questions or need any additional information, please call me at 954.703.3903. Thank you for your time and assistance.

Sincerely,

Fowler White Boggs P.A.

Kathy J. Tayon

Enclosures

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FOWLER WHITE BOGGS P.A.

TAMPA • FORT MYERS • TALLAHASSEE • JACKSONVILLE • FORT LAUDERDALE

SUITE 400, 1200 EAST LAS OLAS BOULEVARD • FORT LAUDERDALE, FLORIDA 33301
TELEPHONE (954) 703-3900 • FAX (954) 703-3939 • www.fowlerwhite.com

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Allergy & Asthma Associates of South Florida, P.A. 
(Name of Corporation)

DOCUMENT NUMBER: 486782

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kathy Tayon
(Name of Contact Person)

Fowler White Boggs P.A.
(Firm/Company)

1200 E. Las Olas Blvd., Ste 400
(Address)

Fort Lauderdale, FL 33301
(City/State and Zip Code)

For further information concerning this matter, please call:

Kathy Tayon at (954) 703-3903
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

• **STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Allergy & Asthma Associates of South Florida, P.A.
2. The principal office address: 11880 SW 40 St, Ste 304, Miami, FL 33175
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 11/01/1975 Document number: 486782
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

KTG&S Registered Agent Corporation

100 SE 2nd Street, Suite 2800

Miami, Florida 33131

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DIVISION OF CORPORATIONS
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6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Kathy J. Tayan
Fowler, White Boggs P.A.
1200 E. Las Olas Blvd. Ste 400
(P.O. Box NOT acceptable)
Ft. Lauderdale, FL 33301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
(Signature of an officer or director)

Jaime Landman
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Kathy J. Tayan
(Signature of Registered Agent)

1/8/2009
(Date)

If signing on behalf of an entity:

Kathy J. Tayan
(Typed or Printed Name)

*** FILING FEE: \$35.00 ***