

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 486782

FILED
Jan 30, 2009
Secretary of State

Entity Name: ALLERGY & ASTHMA ASSOCIATES OF SOUTH FLORIDA, P.A.

Current Principal Place of Business:

11880 SW 40 ST, STE 304
MIAMI, FL 33175 US

New Principal Place of Business:

Current Mailing Address:

11880 SW 40 ST, STE 304
MIAMI, FL 33175 US

New Mailing Address:

FEI Number: 59-1632544 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAYON, KATHY J
FOWLER, WHITE BOGGS P.A.
1200 E. LAS OLAS BLVD. STE 400
FT. LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: PACIN, MICHAEL P
Address: 8970 SW 87 CT
City-St-Zip: MIAMI, FL 33176

Title: PD () Delete
Name: GLUCK, JOAN C
Address: 8970 SW 87 CT
City-St-Zip: MIAMI, FL 33176

Title: STD () Delete
Name: LANDMAN, JAIME MD
Address: 8970 SW 87 CT
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: PACIN, MICHAEL P MD
Address: 11880 SW 40 ST, STE 304
City-St-Zip: MIAMI, FL 33175

Title: PRES (X) Change () Addition
Name: LANDMAN, JAIME MD
Address: 11880 SW 40 ST, STE 304
City-St-Zip: MIAMI, FL 33175

Title: STD (X) Change () Addition
Name: LANDMAN, ZEVEY MD
Address: 11880 SW 40 ST, STE 304
City-St-Zip: MIAMI, FL 33175

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JAIME LANDMAN, M.D.

PRES

01/30/2009

Electronic Signature of Signing Officer or Director

Date