

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 486782

**FILED**  
**Feb 28, 2011**  
**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

**OFFICERS AND DIRECTORS:**

Title: VP/T  
Name: PACIN, MICHAEL P MD  
Address: 11880 SW 40 ST, STE 304  
City-St-Zip: MIAMI, FL 33175

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

Title: VP/S  
Name: LANDMAN, ZEVY MD  
Address: 11880 SW 40 ST, STE 304  
City-St-Zip: MIAMI, FL 33175

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: MICHAEL PACIN

P

02/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date