

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 496287

FILED
Apr 13, 2009
Secretary of State

Entity Name: ALLERGY DIAGNOSTICS OF CENTRAL FLORIDA, THE WEBSTER MEDICAL CLINIC, P.A.

Current Principal Place of Business:

211 SOUTH VOLUSIA AVENUE
ORANGE CITY, FL 32763

New Principal Place of Business:

Current Mailing Address:

211 SOUTH VOLUSIA AVENUE
ORANGE CITY, FL 32763

New Mailing Address:

FEI Number: 59-1640100

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEBSTER, MARK E D.O.
211 SOUTH VOLUSIA AVENUE
ORANGE CITY, FL 32763 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: PVD () Delete
Name: WEBSTER, MARK E.
Address: 211 S. VOLUSIA AVE.
City-St-Zip: ORANGE CITY, FL

Title: ST () Delete
Name: WEBSTER, MARK E.
Address: 211 S. VOLUSIA AVE.
City-St-Zip: ORANGE CITY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARK E. WEBSTER

PVD

04/13/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date