

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 496287

FILED  
Jan 23, 2012  
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

**OFFICERS AND DIRECTORS:**

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

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

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: MARK E. WEBSTER

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

PVD

01/23/2012

\_\_\_\_\_  
Date