

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

APPROVED  
AMENDED  
FILED

1998 APR 20 PM 12:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT #** 496376 (5)  
1. Corporation Name  
**ASTHMA & ALLERGY CAREAMERICA OF FLORIDA, INC.**

Principal Place of Business 201 N University Dr Suite 103 Plantation, FL 33324 US	Mailing Address 201 N University Dr Suite 104 Plantation, FL 33324 US
---	---

000002495300--2  
04/21/98--01056--015  
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 1850 Gateway Drive 27 Suite, Apt. #, etc. 27 Suite 500 28 City & State 28 San Mateo, CA 29 Zip Country 29 94404 30 US	3. Date Incorporated or Qualified 03/01/1976	4. FEI Number 59-1648541 Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MARTELL, FRANK R. 201 N. University Drive Suite 103 Plantation, FL 33324	10. Name and Address of New Registered Agent 81 Name Walter Birch 82 Street Address (P.O. Box Number is Not Acceptable) 150 South Pine Island Road 83 Suite 520 84 City Plantation FL 85 Zip Code 33324
--	---

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Walter Birch* **Walter Birch, Chairman/Agent** 4/16/98  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTELL, FRANK R., M.D. 201 N. UNIVERSITY DR 103 FT. LAUDERDALE, FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P7D MARTELL, FRANK R., M.D. 201 N. UNIVERSITY DR 103 FT LAUDERDALE, FL 33324 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIRMELLI, PHILIP C., M.D. 201 N. UNIVERSITY DR 103 FT. LAUDERDALE, FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VP/D MIRMELLI, PHILIP C., M.D. 201 N. UNIVERSITY DR 103 FT. LAUDERDALE, FL 33324 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	CH/T/D BIRCH, WALTER 150 S. PINE ISLAND RD 520 PLANTATION, FL 33324 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	S/D ZUMWALT, LEANNE M. 1850 GATEWAY DR 500 SAN MATEO, CA 94404 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Asst Sec/D OTT, CHARLES W. 1850 GATEWAY DR 500 SAN MATEO, CA 94404 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>LeAnne M. Zumwalt</i> 4/20/98

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *LeAnne M. Zumwalt* LeAnne M. Zumwalt, Secy. 4/16/98 650-577-5510  
SIGNATURE AND TYPED OR PRINTED NAME OF SHOWING OFFICER OR DIRECTOR Date Daytime Phone # 0527054

CR2E034 (10/97)