

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90087 036 \*\*\*150.00

DOCUMENT # **496376**  
1. Corporation Name  
**Asthma & Allergy Care America of Florida, Inc.**

Principal Place of Business Mailing Address  
**201 N. University St  
Suite 111  
Plantation, FL 33324**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**4-30-96**

4. FEI Number **59-1648541** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐ **\$5.00** May Be  
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address  
21 **201 N. University St** 26 **150 S. Pine Island Rd**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **Suite 111** 27 **Suite 520**  
City & State City & State  
23 **Plantation, FL** 28 **Plantation, FL**  
Zip Country Zip Country  
24 **33324** 25 **USA** 29 **33324** 30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name **Joseph Mello**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**150 S. 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 **Joe Creech**, **Joseph Mello** **4-15-99**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> DELETE	<b>President and Director</b>	<b>Joseph Mello</b>	<b>150 S. Pine Island Rd, Suite 520</b>
		<b>Plantation, FL 33324</b>	
<input type="checkbox"/> DELETE	<b>Secretary and Director</b>	<b>Charles Ott</b>	<b>1850 Gateway Dr., Suite 500</b>
		<b>San Mateo, CA 94404</b>	
<input type="checkbox"/> DELETE	<b>Treasurer</b>	<b>William Pereira</b>	<b>150 S. Pine Island Rd., Suite 520</b>
		<b>Plantation, FL 33324</b>	
<input type="checkbox"/> DELETE	<b>Director</b>	<b>Lee Ann Zumwalt</b>	<b>1850 Gateway Drive, Suite 500</b>
		<b>San Mateo, CA 94404</b>	
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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, with all other like empowered.

SIGNATURE: **Joe Creech**, **Joseph Mello** **4-15-99** **954.723.9611**  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)