

## 2000 UNIFORM BUSINESS REPORT (UBR)

4/11

DOCUMENT # 496376

1. Entity Name

ASTHMA &amp; ALLERGY CAREAMERICA OF FLORIDA, INC.

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90095 019 \*\*\*150.00

Principal Place of Business

201 N UNIVERSITY DR  
 STE 111  
 PLANTATION FL 33324-2095  
 US

Mailing Address

150 S PINE ISLAND RD  
 STE 520  
 PLANTATION FL 33324-2667  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number 59-1648541

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MELLO, JOSEPH  
 150 SOUTH PINE ISLAND ROAD  
 SUITE 520  
 PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

\$5.00 May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	PD	MARTELL, FRANK R M.D.	150 S PINE ISLAND RD STE 520 PLANTATION FL 33324	<input checked="" type="checkbox"/>		President/Director	Joseph Mello	150 S. Pine Island Rd Ste 520 Plantation FL 33324	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	SD	OTT, CHARLES	1850 GATEWAY DR STE 500 SAN MATEO CA 94404	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	T	PEIORA, WILLIAM	150 S PINE ISLAND RD STE 520 PLANTATION FL 33324	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	ZUMWALT, LEANN	1850 GATEWAY DR, #500 SAN MATEO CA 94404	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)