

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 550301

FILED
Jan 04, 2011
Secretary of State

Entity Name: ROBERSON ALLERGY & ASTHMA, INC.

Current Principal Place of Business:

1411 NORTH FLAGLER DRIVE
6100
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

135 E MIRASOL DRIVE
PALM BEACH, FL 33480

New Mailing Address:

FEI Number: 59-1774000

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERSON, CLIVE E RA
135 EL MIRASOL DR.
PALM BEACH, FL 33480 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: PD
Name: ROBERSON, CLIVE C PD
Address: 135 EL MIRASOL DR
City-St-Zip: PALM BEACH, FL 33480

Title: VD
Name: ROBERSON, CAROLYN C VD
Address: 135 EL MIRASOL DR
City-St-Zip: PALM BEACH, FL 33480

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: CLIVE E ROBERSON

PRES

01/04/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date