

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 550301

FILED  
Jan 03, 2012  
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 M. D.

PRES

01/03/2012

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

\_\_\_\_\_ Date