2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 09, 2011
Secretary of State

DOCUMENT# 675393

Entity Name: ALLERGY ASSOCIATES OF THE PALM BEACHES, P.A.

Current Principal Place of Business:

840 US HWY 1, STE 235
NORTH PALM BEACH, FL 33408

New Principal Place of Business:

Current Mailing Address:

840 US HWY 1, STE 235
NORTH PALM BEACH, FL 33408

New Mailing Address:

FEI Number: 59-2004475 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEIN, MARK R
840 US HWY 1, STE. 235
NORTH PALM BEACH, FL 33408 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: PST
Name: STEIN, MARK R
Address: 840 US HWY ONE - SUITE 235
City-St-Zip: N. PALM BEACH, FL 33408

Title: D
Name: STEIN, MARK R
Address: 840 US HWY ONE - SUITE 235
City-St-Zip: N. PALM BEACH, FL 33408

Title: V
Name: BRODTMAN, DANIEL
Address: 840 US HWY ONE - SUITE 235
City-St-Zip: N. PALM BEACH, FL

Title: D
Name: BRODTMAN, DANIEL
Address: 840 US HWY ONE - SUITE 235
City-St-Zip: N. PALM BEACH, FL

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: MARK R STEIN P 05/09/2011

Electronic Signature of Signing Officer or Director Date