

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F91464

FILED
Oct 15, 2009
Secretary of State

Entity Name: ALLERGY AND ASTHMA CARE OF FLORIDA, INC.

Current Principal Place of Business:

1500 SE MAGNOLIA EXTENSION
SUITES 203 & 204
OCALA, FL 34471

New Principal Place of Business:

1500 SE MAGNOLIA EXTENSION
SUITES 203
OCALA, FL 34471

New Mailing Address:

FEI Number: 59-2207619 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEWART, II, G. EDWARD MD
1500 SE MAGNOLIA EXTENSION
SUITES 203
OCALA, FL 32671 US

Name and Address of New Registered Agent:

STEWART II, G. EDWARD MD
1500 SE MAGNOLIA EXTENSION
SUITES 203
OCALA, FL 32671 US

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: G. EDWARD STEWART II

10/15/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STEWART, GEORGE E II MD
Address: 1500 SE MAGNOLIA EXTENSION, SUITE 203
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: G. EDWARD STEWART II, MD

P

10/15/2009

Electronic Signature of Signing Officer or Director

Date