

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90032 022 ***150.00

DOCUMENT # **F98000005212**

1. Entity Name
Vivra Asthma & Allergy, Inc.

Principal Place of Business Mailing Address

2. Principal Place of Business
8551 W. Sunrise Blvd.

Suite, Apt. #, etc.
304

City & State
Plantation, FL

Zip
33322

Country
USA

3. Mailing Address
8551 W. Sunrise Blvd.

Suite, Apt. #, etc.
304

City & State
Plantation, FL

Zip
33322

Country
USA

4. FEI Number
91-1922951

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**NRAC Services, Inc.
526 E. Park Ave.
Tallahassee, FL 32301**

7. Name and Address of New Registered Agent

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 _____ (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. ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 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

| | |
|--|--|
| TITLE PD | <input checked="" type="checkbox"/> Delete |
| NAME Joseph Mello | |
| STREET ADDRESS 150 S Pine Island Rd. Ste 520 | |
| CITY-ST-ZIP Plantation, FL 33324 | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|--|
| TITLE President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME Richard Hassett, M.D. | |
| STREET ADDRESS 8551 W. Sunrise Blvd. Suite 304 | |
| CITY-ST-ZIP Plantation, FL 33322 | |
| TITLE Secretary | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME Dawn B. Sloan | |
| STREET ADDRESS 8551 W. Sunrise Blvd. Suite 304 | |
| CITY-ST-ZIP Plantation, FL 33322 | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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: **Secretary for Asthma & Allergy, Inc.** **3/28/01** **954-723-9611**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)