

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K50582

FILED
Apr 04, 2008
Secretary of State

Entity Name: ALLERGY AND ASTHMA ASSOCIATES OF WEST BOCA, P.A.

Current Principal Place of Business:

9980 CENTRAL PARK BLVD., NORTH
SUITE 102
BOCA RATON, FL 33428

New Principal Place of Business:

2385 NW EXECUTIVE CENTER DRIVE
SUITE 100
BOCA RATON, FL 33431

Current Mailing Address:

9980 CENTRAL PARK BLVD., NORTH
SUITE 102
BOCA RATON, FL 33428

New Mailing Address:

2385 NW EXECUTIVE CENTER DRIVE
SUITE 100
BOCA RATON, FL 33431

FEI Number: 22-2165959

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEINER, HOWARD, M.D.
9980 CENTRAL PARK BLVD., NORTH
SUITE 102
BOCA RATON, FL 33428 US

Name and Address of New Registered Agent:

WEINER, HOWARD, M.D.
2385 NW EXECUTIVE CENTER DRIVE
SUITE 100
BOCA RATON, FL 33431 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:

04/04/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: WEINER, HOWARD,
Address: 9980 CENTRAL PARK BLVD.N
City-St-Zip: BOCA RATON, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: WEINER, HOWARD,
Address: 2385 NW EXECUTIVE CENTER DRIVE
City-St-Zip: BOCA RATON, FL 33431

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: HOWARD M WEINER MD

PRES

04/04/2008

Electronic Signature of Signing Officer or Director

Date