

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000091265

FILED  
Jan 31, 2008  
Secretary of State

**Entity Name:** BRANDON-VALRICO CENTER FOR ALLERGY AND ASTHMA RESEARCH, L.L.C.

**Current Principal Place of Business:**

3658 LITHIA PINECREST ROAD  
VALRICO, FL 33594

**New Principal Place of Business:**

3658 LITHIA PINECREST ROAD  
VALRICO, FL 33596

**Current Mailing Address:**

3658 LITHIA PINECREST ROAD  
VALRICO, FL 33594

**New Mailing Address:**

3658 LITHIA PINECREST ROAD  
VALRICO, FL 33596

FEI Number: 03-0552346

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GASSMAN, ALAN S  
1245 COURT STREET, SUITE 102  
CLEARWATER, FL 33756 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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: HALSEY, ALAN B MD  
Address: 3658 LITHIA PINECREST RD  
City-St-Zip: VALRICO, FL 33594

Title: MGR ( ) Delete  
Name: KALIK, CRAIG A MD  
Address: 3658 LITHIA PINECREST RD  
City-St-Zip: VALRICO, FL 33594

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: HALSEY, ALAN B MD  
Address: 3658 LITHIA PINECREST RD  
City-St-Zip: VALRICO, FL 33596

Title: MGR (X) Change ( ) Addition  
Name: KALIK, CRAIG A MD  
Address: 3658 LITHIA PINECREST RD  
City-St-Zip: VALRICO, FL 33596

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: RHONDA C HALSEY, RN

OM

01/31/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date