

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000026232

FILED
Apr 16, 2007
Secretary of State

Entity Name: TALLAHASSEE ALLERGY, ASTHMA & IMMUNOLOGY, PROFESSIONAL LIMITED COMPANY

Current Principal Place of Business:

1708 RIGGINS RD.
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

Current Mailing Address:

1714 MAHAN CENTER BLVD
TALLAHASSEE, FL 32308 US

New Mailing Address:

PO BOX 13058
TALLAHASSEE, FL 323173058 US

FEI Number: 20-4477374

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, BRIAN G
1714 MAHAN CENTER BLVD
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

WILSON, BRIAN G
1708 RIGGINS RD
TALLAHASSEE, FL 32308 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: BRIAN G. WILSON

04/16/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WILSON, BRIAN G
Address: 1714 MAHAN CENTER BLVD
City-St-Zip: TALLAHASSEE, FL 32308 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WILSON, BRIAN G
Address: 1708 RIGGINS RD
City-St-Zip: TALLAHASSEE, FL 32308 US

I hereby certify that the information supplied with this filing does not qualify for the 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: BRIAN G. WILSON

MGRM

04/16/2007

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