

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000026232

FILED
Feb 08, 2012
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:

2619 CENTENNIAL BLVD
SUITE 103
TALLAHASSEE, FL 32308 US

Current Mailing Address:

PO BOX 13058
TALLAHASSEE, FL 323173058 US

New Mailing Address:

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
1708 RIGGINS RD
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

WILSON, BRIAN G
2619 CENTENNIAL BLVD.
SUITE 103
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

02/08/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: WILSON, BRIAN G
Address: 2619 CENTENNIAL BLVD., SUITE 103
City-St-Zip: TALLAHASSEE, FL 32308 US

I hereby 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

02/08/2012

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