

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000056585

FILED
Feb 18, 2009
Secretary of State

Entity Name: ALLERGY MEDICAL PROPERTIES, LLC

Current Principal Place of Business:

1000 GOODLETTE ROAD
SUITE 200
NAPLES, FL 34102

New Principal Place of Business:

1000 GOODLETTE ROAD N
SUITE 200
NAPLES, FL 34102

Current Mailing Address:

1000 GOODLETTE ROAD
SUITE 200
NAPLES, FL 34102

New Mailing Address:

1000 GOODLETTE ROAD N
SUITE 200
NAPLES, FL 34102

FEI Number: 20-4973458

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STANALAND, BRETT E
1000 GOODLETTE ROAD
SUITE 200
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

STANALAND, BRETT E
1000 GOODLETTE ROAD N
SUITE 200
NAPLES, FL 34102 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:

02/18/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: DR () Delete
Name: STANALAND, BRETT E MD
Address: 1000 GOODLETTE ROAD N, SUITE 200
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BRETT E STANALAND MD

PRES

02/18/2009

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