

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000068634

**FILED**  
**Jan 30, 2012**  
**Secretary of State**

**Entity Name:** SIRVEN AND ASSOCIATES ALLERGY AND ASTHMA CENTER, PROFESSIONAL LIMITED COMPANY

**Current Principal Place of Business:**

8200 SW 117 AVENUE  
SUITE 302  
MIAMI, FL 33183

**New Principal Place of Business:**

**Current Mailing Address:**

8200 SW 117 AVENUE  
SUITE 302  
MIAMI, FL 33183

**New Mailing Address:**

**FEI Number:** 20-5193135

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SIRVEN, VIVIANA MD  
8200 SW 117 AVENUE  
SUITE 302  
MIAMI, FL 33183 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  
Name: SIRVEN, VIVIANA  
Address: 8200 SW 117 AVENUE, SUITE 302  
City-St-Zip: MIAMI, FL 33183

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: VIVIANA SIRVEN

MGR

01/30/2012

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