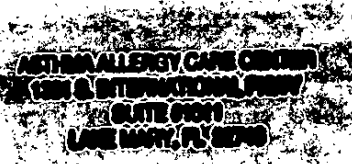


LD6000112437



(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

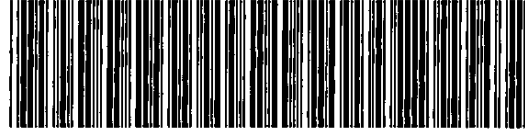
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From:
Dr. Rajesh K Patel, M.D.
1301 South International Parkway, Suite 1011
Lake Mary, FL 32746.

November 17, 2006

To
The Division of Corporation
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

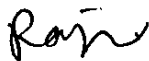
Dear Sir

Enclosed please find check for \$125 towards filing fee for Articles of Organization and
Designation of Registered Agent and \$5 towards Certificate of Status.

Kindly acknowledge the receipt of the Articles of Organization.

If you have any questions feel free to contact my accountant, Renu Vardhan, at
407-574-4274 and/or renu@yashcon.com.

Sincerely



Rajesh Patel

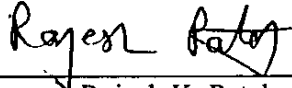
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TALLAHASSEE, FLORIDA

**CONSENT TO APPOINTMENT
BY REGISTERED AGENT**

I, **Rajesh K. Patel**, have been named as Registered Agent for **ASTHMA – ALLERGY CARE CENTER PL** and do hereby voluntarily consent to serve as Registered Agent for **ASTHMA – ALLERGY CARE CENTER PL**.

I know and understand the duties and responsibilities of a Registered Agent as set forth in the Florida Statutes Annotated Sections 608.401 to 608.471, and I hereby accept those duties and responsibilities.

Dated: November 17, 2006



Rajesh K. Patel