

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000106398

FILED
Dec 12, 2008
Secretary of State

Entity Name: ASTHMA ALLERGY CENTER OF CORAL GABLES LLC

Current Principal Place of Business:

6705 RED ROAD
STE 520
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

6705 RED ROAD
STE 520
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PINIELLA, CARLOS
6705 RED ROAD
STE 520
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

PINIELLA, CARLOS J MD
6705 RED ROAD
STE 520
CORAL GABLES, FL 33134 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: CARLOS J. PINIELLA MD

12/12/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PINIELLA, CARLOS
Address: 6705 RED ROAD
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PINIELLA, CARLOS J MD
Address: 6705 RED ROAD
City-St-Zip: CORAL GABLES, FL 33134

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: CARLOS J. PINIELLA

MD

12/12/2008

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