

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000106398

**FILED**  
**Feb 27, 2009**  
**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:**

6705 RED ROAD  
STE 520  
CORAL GABLES, FL 33143

**Current Mailing Address:**

6705 RED ROAD  
STE 520  
CORAL GABLES, FL 33134

**New Mailing Address:**

6705 RED ROAD  
STE 520  
CORAL GABLES, FL 33143

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired (X)**

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

PINIELLA, CARLOS J MD  
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 33143 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 PINIELLA MD

02/27/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PINIELLA, CARLOS J MD  
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 33143

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 PINIELLA MD

MD

02/27/2009

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