

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000106398

FILED
Feb 16, 2010
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 33143

New Principal Place of Business:

Current Mailing Address:

6705 RED ROAD
STE 520
CORAL GABLES, FL 33143

New Mailing Address:

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 33143 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: MGRM
Name: PINIELLA, CARLOS J MD
Address: 6705 RED ROAD
City-St-Zip: CORAL GABLES, FL 33143

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: CARLOS J. PINIELLA MGRM 02/16/2010

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