

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L18401

FILED  
Jan 19, 2010  
Secretary of State

**Entity Name:** ALLERGY & ASTHMA ASSOCIATES OF CENTRAL FLORIDA, P.A.

**Current Principal Place of Business:**

1890 STATE ROAD 436  
SUITE 215  
WINTER PARK, FL 32792 US

**New Principal Place of Business:**

**Current Mailing Address:**

1890 STATE ROAD 436  
SUITE 215  
WINTER PARK, FL 32792 US

**New Mailing Address:**

**FEI Number:** 59-2971905

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROSENBERG, STEVEN M.D.  
1890 STATE ROAD 436  
SUITE 215  
WINTER PARK, FL 32792 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** ROSENBERG, STEVEN  
**Address:** 2112 SILVERLEAF CT.  
**City-St-Zip:** LONGWOOD, FL 32779

**Title:** VP  
**Name:** JACINTO, CARLOS M  
**Address:** 2006 WILLOW LAUREN LN.  
**City-St-Zip:** WINDERMERE, FL 34786

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** STEVEN ROSENBERG

MD/P

01/19/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date