


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 188.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L95000000648 ALLERGY AFFILIATES, P.L. P.O. BOX 3542 ST PETERSBURG FL 33731-3542		1a. Principal Place of Business Address 200 CENTRAL AVE., SUITE 1600 ST PETERSBURG FL 33701	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
3. Date Organized or Qualified 08/22/1995		3a. State of Formation FL	
4. FEI Number 59-3332859		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report 04/27/1998		6. Certificate of Status Desired \$875 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent JACOBS, RICHARD O ESQ. HOLLAND & KNIGHT LLP 200 CENTRAL AVENUE, SUITE 1600 ST PETERSBURG FL 33701		8. Name and Address of New Registered Agent/Office Name <u>RORY A. DOYLE, MD</u> Street Address (P.O. Box Number is Not Acceptable) <u>5405 - Park St. N.</u> Suite, Apt. #, etc. City <u>St Petersburg</u> FL Zip Code <u>33709</u>	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE <u>[Signature]</u> (Registered Agent Accepting Appointment) (NOTE: Registered Agent's signature required when reappointing) DATE <u>4/22/98</u>			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	DOYLE, RORY M.D.	4805-49TH STREET NORTH	ST. PETERSBURG FL
MEM	CELLA, JOHN P	4805-49TH STREET NORTH	ST. PETERSBURG FL
MEM	PHILLIPS, J. WAYNE	708 DRUID ROAD EAST	CLEARWATER FL
MEM	KLEMAWESCH, STEPHEN	6294 1ST AVENUE NORTH	ST. PETERSBURG FL
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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, and that my name appears in Block 10, or on an attachment with an address. SIGNATURE: <u>[Signature]</u> DATE <u>4/22/98</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER			