

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUN 27 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # **L97000000039**

1. Entity Name
ASTHMA AND ALLERGY SPECIALISTS, LLC

Principal Place of Business
**785 WEST GRANADA BLVD.
ORMOND BEACH FL 32174**

Mailing Address
**785 WEST GRANADA BLVD.
ORMOND BEACH FL 32174-9522**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3414513**

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TUMBLESON, J. DOYLE
150 S PALMETTO AVENUE
BOX A
DAYTONA BEACH FL 32114**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME Delete
MGRM MCLAUGHLIN, EDWARD T
STREET ADDRESS **785 W GRANADA BLVD**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
MGRM MAS, JUAN C
STREET ADDRESS **785 W GRANADA BLVD**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP
900003315753
07/07/00-01013-003
*******50.00 *****50.00**

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
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TITLE NAME Delete
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TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

11. I 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 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.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** **6/17/00** **904-673-1323**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)