

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L97000000039

FILED
Jan 20, 2009
Secretary of State

Entity Name: ASTHMA AND ALLERGY SPECIALISTS, LLC

Current Principal Place of Business:

785 WEST GRANADA BLVD.
ORMOND BEACH, FL 32174

New Principal Place of Business:

785 WEST GRANADA BLVD.
SUITE 2
ORMOND BEACH, FL 32174

Current Mailing Address:

785 WEST GRANADA BLVD.
ORMOND BEACH, FL 32174

New Mailing Address:

785 WEST GRANADA BLVD.
SUITE 2
ORMOND BEACH, FL 32174

FEI Number: 59-3414513

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCLAUGHLIN, EDWARD
785 W. GRANADA BLVD.
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

MCLAUGHLIN, EDWARD
785 W. GRANADA BLVD.
SUITE 2
ORMOND BEACH, FL 32174 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: _____

01/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MCLAUGHLIN, EDWARD T
Address: 785 W GRANADA BLVD
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM () Delete
Name: MAS, JUAN C
Address: 785 W GRANADA BLVD
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: EDWARD T. MCLAUGHLIN

MGR

01/20/2009

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