

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M37424

FILED
Jan 15, 2008
Secretary of State

Entity Name: FLORIDA ALLERGY AND ASTHMA ASSOCIATES, P.A.

Current Principal Place of Business:

5507 S. CONGRESS AVENUE
SUITE 140
ATLANTIS, FL 334621145

New Principal Place of Business:

Current Mailing Address:

5507 S. CONGRESS AVENUE
SUITE 140
ATLANTIS, FL 334621145

New Mailing Address:

FEI Number: 59-2710378 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SCHNEIDER, JOHN C.
505 SOUTH FLAGLER DR. STE 1001
440 ROYAL PALM WAY, PARK CENTRE, #203
W. PALM BEACH, FL 33401 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: DP () Delete
Name: LOUIE, STEVEN J.,
Address: 3965 NW 53RD STREET
City-St-Zip: BOCA RATON, FL 33496

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 an address, with all other like empowered.

SIGNATURE: STEVEN J. LOUIE

DP

01/15/2008

Electronic Signature of Signing Officer or Director

Date