

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000605

FILED
Apr 14, 2006
Secretary of State

Entity Name: CENTRAL FLORIDA ASTHMA CONSORTIUM, INC.

Current Principal Place of Business:

1333 W COLONIAL DRIVE
ORLANDO, FL 32804

New Principal Place of Business:

Current Mailing Address:

1333 W COLONIAL DRIVE
ORLANDO, FL 32804

New Mailing Address:

FEI Number: 59-3699533

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERLIN, THOMAS
1333 W COLONIAL DRIVE
ORLANDO, FL 32804 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ALDARONDO, SIGFREDO MD
Address: 1110 N. KENTUCKY AVE.
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: BERLIN, THOMAS RRT
Address: 2469 TOMMY'S TURN
City-St-Zip: OVIEDO, FL 32766

Title: D () Delete
Name: CURTIS, ELLEN
Address: 445 W. AMELIA ST
City-St-Zip: ORLANDO, FL 328011127

Title: D () Delete
Name: HUTCHINSON, STEPHANIE MBA
Address: 1333 W COLONIAL DR
City-St-Zip: ORLANDO, FL 32804

Title: D () Delete
Name: ALEXANDER, PAT RN
Address: 2731 DELCREST DR
City-St-Zip: ORLANDO, FL 32817

Title: D () Delete
Name: KWASMAN, DEBBY
Address: 8701 MAITLAND SUMMIT BLVD
City-St-Zip: ORLANDO, FL 32810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS BERLIN

D

04/14/2006

Electronic Signature of Signing Officer or Director

Date