

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000605

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** CENTRAL FLORIDA ASTHMA CONSORTIUM, INC.

**Current Principal Place of Business:**

7727 LAKE UNDERHILL ROAD  
CARDIORESPIRATORY SERVICES  
ORLANDO, FL 32822

**New Principal Place of Business:**

**Current Mailing Address:**

2469 TOMMYS TURN  
OVIEDO, FL 32766

**New Mailing Address:**

**FEI Number:** 59-3699533

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BERLIN, THOMAS  
2469 TOMMYS TURN  
OVIEDO, FL 32766 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 32801127

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 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 D. BERLIN

D

04/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date