

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000605

FILED
Feb 16, 2010
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:

601 EAST ROLLINS STREET
RESPIRATORY CARE SERVICES
ORLANDO, FL 32803

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 ()

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

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

Title: D
Name: CURTIS, ELLEN
Address: 445 W. AMELIA ST
City-St-Zip: ORLANDO, FL 32801127

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

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

I hereby 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 all other like empowered.

SIGNATURE: THOMAS BERLIN

SECR

02/16/2010

Electronic Signature of Signing Officer or Director

Date