

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90015 022 ****61.25

DOCUMENT # N05000001159

1. Entity Name

BROWARD PALM BEACH ALLERGY SOCIETY CORP.



Principal Place of Business

5333 NORTH DIXIE HWY STE 210
FORT LAUDERDALE FL 33334

Mailing Address

5333 NORTH DIXIE HWY STE 210
FORT LAUDERDALE FL 33334



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

32-0122963

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/07)

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name

LINDA COX M.D.

Street Address (P.O. Box Number is Not Acceptable)

5333 N. DIXIE HWY SUITE 210

City

FT. LAUDERDALE

FL

Zip Code

33334

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and date. If applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to:
Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | COX, LINDA MD | |
| STREET ADDRESS | 5333 NORTH DIXIE HWY STE 210 | |
| CITY- ST- ZIP | FORT LAUDERDALE FL 33334 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | LOUIE, STEVE | |
| STREET ADDRESS | 5333 NORTH DIXIE HWY STE 210 | |
| CITY- ST- ZIP | FORT LAUDERDALE FL 33334 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | DAUGHTERY, RANDY | |
| STREET ADDRESS | 5333 NORTH DIXIE HWY STE 210 | |
| CITY- ST- ZIP | FORT LAUDERDALE FL 33334 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | WOLFGAM, ROBERT | |
| STREET ADDRESS | 5333 NORTH DIXIE HWY STE 210 | |
| CITY- ST- ZIP | FORT LAUDERDALE FL 33334 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
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| CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Linda Cox

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/08 9547710928