

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001159

FILED
May 05, 2009
Secretary of State

Entity Name: BROWARD PALM BEACH ALLERGY SOCIETY CORP.

Current Principal Place of Business:

5333 NORTH DIXIE HWY STE 210
FORT LAUDERDALE, FL 33334

New Principal Place of Business:

5333 NORTH DIXIE HWY STE 210
SUITE 210
FORT LAUDERDALE, FL 33334

Current Mailing Address:

5333 NORTH DIXIE HWY STE 210
FORT LAUDERDALE, FL 33334

New Mailing Address:

5333 NORTH DIXIE HWY STE 210
SUITE 210
FORT LAUDERDALE, FL 33334

FEI Number: 32-0122963 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

COX, LINDA M.D
5333 N. DIXIE HWY SUITE 210
FORT LAUDERDALE, FL 33334 US

Name and Address of New Registered Agent:

COX, LINDA M.D
5333 N. DIXIE HWY SUITE 210
SUITE 210
FORT LAUDERDALE, FL 33334 US

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:

05/05/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COX, LINDA MD
Address: 5333 NORTH DIXIE HWY STE 210
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: V () Delete
Name: LOUIE, STEVE
Address: 5333 NORTH DIXIE HWY STE 210
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: S () Delete
Name: DAUGHTERY, RANDY
Address: 5333 NORTH DIXIE HWY STE 210
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: T () Delete
Name: WOLFGAM, ROBERT
Address: 5333 NORTH DIXIE HWY STE 210
City-St-Zip: FORT LAUDERDALE, FL 33334

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:

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: LINDA S COX M.D.

PRES

05/05/2009

Electronic Signature of Signing Officer or Director

Date