## 2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N05000001159

FILED Mar 13, 2012 Secretary of State

Entity Name: BROWARD PALM BEACH ALLERGY SOCIETY CORP.

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: 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 ( )

Name and Address of Current Registered Agent: 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: LINDA S. COX, M.D.

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: F

Name: COX, LINDA MD

Address: 5333 NORTH DIXIE HWY STE 210 City-St-Zip: FORT LAUDERDALE, FL 33334

Title: V

Name: LOUIE, STEVE

Address: 5333 NORTH DIXIE HWY STE 210 City-St-Zip: FORT LAUDERDALE, FL 33334

Title: S

 Name:
 PETERSON, CYNTHIA

 Address:
 5101 NW 21ST AVE, STE 450

 City-St-Zip:
 FORT LAUDERDALE, FL 33309

Title: T

Name: WOLFGRAM, ROBERT

Address: 5333 NORTH DIXIE HWY STE 210 City-St-Zip: FORT LAUDERDALE, FL 33334

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: LINDA S. COX, M.D. PRES 03/13/2012