2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2010
Secretary of State

DOCUMENT# N08000002477

Entity Name: SOUTH FLORIDA ASTHMA, INC.

Current Principal Place of Business:

2020 S. ANDREWS AVE
FORT LAUDERDALE, FL 33316

New Principal Place of Business:

Current Mailing Address:

2020 S. ANDREWS AVE
FORT LAUDERDALE, FL 33316

New Mailing Address:

FEI Number: 26-2158365 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GASANA, JANVIER MD PHD
11200 SW 8 STREET
HLS 595
MIAMI, FL 33199 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: GASANA, JANVIER MD PHD
Address: 11200 SW 8 STREET HLS 595
City-St-Zip: MIAMI, FL 33199 US

Title: D
Name: CUDDIHY, ANDREW
Address: 2020 S. ANDREWS AVE
City-St-Zip: FORT LAUDERDALE, FL 33316 US

Title: D
Name: TOROK, DONALD PHD
Address: 2020 S. ANDREWS AVE
City-St-Zip: FORT LAUDERDALE, FL 33316 US

Title: D
Name: MONTOYA, HEATHER
Address: 2020 S. ANDREWS AVE
City-St-Zip: FORT LAUDERDALE, FL 33316 US

Title: D
Name: ROBINETTE, DENISE
Address: 11406 172ND PLACE N
City-St-Zip: JUPITER, FL 33478 US

Title: D
Name: MELCHIOR, MICHAEL A
Address: 12650 SW 191 ST
City-St-Zip: MIAMI, FL 33177 US

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: MICHAEL MELCHIOR D 02/16/2010

Electronic Signature of Signing Officer or Director — Date