

# **2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N08000002477

**FILED**  
**Nov 06, 2012**  
**Secretary of State**

**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  
7642 NW 19TH ST  
PEMBROKE PINES, FL 33024 US

**Name and Address of New Registered Agent:**

CUDDIHY, ANDREW J MPH  
7401 SW 14TH STREET  
PLANTATION, FL 33317 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: ANDREW CUDDIHY

11/06/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: GASANA, JANVIER MD PHD  
Address: 7642 NW 19TH ST  
City-St-Zip: PEMBROKE PINES, FL 33024 US

Title: D  
Name: CUDDIHY, ANDREW MPH  
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

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: ANDREW CUDDIHY

D

11/06/2012

Electronic Signature of Signing Officer or Director

Date