2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# N95000004728

Entity Name: FLORIDA ALLERGY, ASTHMA & IMMUNOLOGY SOCIETY, INC.

Current Principal Place of Business:

4909 LANNIE RD
STE B
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

4909 LANNIE RD
STE B
JACKSONVILLE, FL 32218

New Mailing Address:

FEI Number: 59-3374796 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TORBETT, JEANNE A CHP
4909 LANNIE RD
JACKSONVILLE, FL 32218 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: P ( ) Delete
Name: GUBERNICK, SAMUEL DO
Address: 6450 38TH AVE. N., #210
City-St-Zip: ST. PETERSBURG, FL 33710

Title: PP ( ) Delete
Name: STEVEN, LOUIE MD
Address: 5507 S. CONGRESS AVE., STE. #140
City-St-Zip: ATLANTIS, FL 33462

Title: D ( ) Delete
Name: TORBETT, JEANNE CMP
Address: 6855 WILSON BLVD, STE 12
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PP (X) Change ( ) Addition
Name: GUBERNICK, SAMUEL DO
Address: 6450 38TH AVE. N., #210
City-St-Zip: ST. PETERSBURG, FL 33710

Title: PD (X) Change ( ) Addition
Name: STEPHEN, KIMURA MD
Address: 4601 SPANISH TRAIL RD.
City-St-Zip: PENSACOLA, FL 32504

Title: MD (X) Change ( ) Addition
Name: TORBETT, JEANNE CMP
Address: 6855 WILSON BLVD, STE 12
City-St-Zip: JACKSONVILLE, FL 32210

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: JEANNE TORBETT, CMP MD 04/20/2009

Electronic Signature of Signing Officer or Director — Date