

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000004728

**FILED**  
**Jan 25, 2012**  
**Secretary of State**

**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 CMP  
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  
Name: JOSHI, SUNIL MD  
Address: 4123 UNIVERSITY BLVD. S., STE. B  
City-St-Zip: JACKSONVILLE, FL 32216

Title: PP  
Name: KIMURA, STEVEN MD  
Address: 4601 SPANISH TRAIL RD.  
City-St-Zip: PENSACOLA, FL 32504

Title: MD  
Name: TORBETT, JEANNE CMP  
Address: 4909 LANNIE ROAD  
City-St-Zip: JACKSONVILLE, FL 32218

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: JEANNE TORBETT, CMP

MD

01/25/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date