2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2012
Secretary of State

DOCUMENT# P00000108195

Entity Name: THE ORLANDO CLINIC FOR ASTHMA & RESPIRATORY DISEASES, P.A.

Current Principal Place of Business:

515 WEST STATE RD 434
SUITE 201
LONGWOOD, FL 32750 US

New Principal Place of Business:

515 WEST STATE RD 434
SUITE 203
LONGWOOD, FL 32750 US

Current Mailing Address:

515 WEST STATE RD 434
SUITE 201
LONGWOOD, FL 32750 US

New Mailing Address:

515 WEST STATE RD 434
SUITE 203
LONGWOOD, FL 32750 US

FEI Number: 59-3677038 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FEIBELMAN, RICHARD Y
515 W STATE RD 434
SUITE 201
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

FEIBELMAN, RICHARD Y
515 W STATE RD 434
SUITE 203
LONGWOOD, FL 32750 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: RICHARD Y. FEIBELMAN, M.D. 04/12/2012
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PSTD
Name: FEIBELMAN, RICHARD Y MD
Address: 515 W STATE RD 434, STE 203
City-St-Zip: LONGWOOD, FL 32750 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RICHARD Y. FEIBELMAN, M.D. PSTD 04/12/2012
Electronic Signature of Signing Officer or Director Date