

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000020896

FILED
Feb 06, 2009
Secretary of State

Entity Name: BAY AREA ALLERGY AND ASTHMA, INC.

Current Principal Place of Business:

4965 CENTRAL AVE.
ST. PETERSBURG, FL 33710 US

New Principal Place of Business:

Current Mailing Address:

4965 CENTRAL AVE.
ST. PETERSBURG, FL 33710 US

New Mailing Address:

FEI Number: 20-4303417 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANGAT, MONA
1131 DARLINGTON OAK DR. NE
ST. PETERSBURG, FL 33703 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: MANGAT, MONA
Address: 1131 DARLINGTON OAK DR. NE
City-St-Zip: ST. PETERSBURG, FL 33703 US

Title: D () Delete
Name: MANGAT, MONA
Address: 1131 DARLINGTON OAK DR. NE
City-St-Zip: ST. PETERSBURG, FL 33703 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MD (X) Change () Addition
Name: MANGAT, MONA
Address: 1131 DARLINGTON OAK DR. NE
City-St-Zip: ST. PETERSBURG, FL 33703 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MONA MANGAT

PVST

02/06/2009

Electronic Signature of Signing Officer or Director

Date