2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2011
Secretary of State

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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
3119 BAYSHORE BLVD 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

OFFICERS AND DIRECTORS:

Title: PVST
Name: MANGAT, MONA
Address: 3119 BAYSHORE BLVD NE
City-St-Zip: ST. PETERSBURG, FL 33703 US

Title: MD
Name: MANGAT, MONA
Address: 3119 BAYSHORE BLVD NE
City-St-Zip: ST. PETERSBURG, FL 33703 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: MONA V. MANGAT MD PRES 04/22/2011

Electronic Signature of Signing Officer or Director Date