

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000111287

FILED
Mar 05, 2009
Secretary of State

Entity Name: ADVANCED ALLERGY, ASTHMA & IMMUNOLOGY, INC.

Current Principal Place of Business:

3404 N. LECANTO HIGHWAY
SUITE D
BEVERLY HILLS, FL 34465

New Principal Place of Business:

508 NORTH LECANTO HIGHWAY
LECANTO, FL 34461

Current Mailing Address:

3404 N. LECANTO HIGHWAY
SUITE D
BEVERLY HILLS, FL 34465

New Mailing Address:

PO BOX 127
LECANTO, FL 34460

FEI Number: 20-5423393

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALIBRAHIM, AYMAN
3404 N. LECANTO HIGHWAY
SUITE D
BEVERLY HILLS, FL 34465 US

Name and Address of New Registered Agent:

ALIBRAHIM, AYMAN
508 NORTH LECANTO HIGHWAY
LECANTO, FL 34461 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:

03/05/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ALIBRAHIM, AYMAN
Address: 13819 RUDI LOOP
City-St-Zip: SPRING HILL, FL 34609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: AYMAN ALIBRAHIM

MD

03/05/2009

Electronic Signature of Signing Officer or Director

Date