

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000059127

**FILED**  
**Apr 22, 2008**  
**Secretary of State**

**Entity Name:** ADVANCED ALLERGY & ASTHMA SPECIALISTS INC.

**Current Principal Place of Business:**

7862 WEST IRLO BRONSON HWY  
163  
KISSIMMEE, FL 34747

**Current Mailing Address:**

52 RILEY RD, 382  
CELEBRATION, FL 34747

**New Principal Place of Business:**

410 CELEBRATION PLACE  
300  
CELEBRATION, FL 34747

**New Mailing Address:**

52 RILEY ROAD  
382  
CELEBRATION, FL 34747

**FEI Number:** 56-2659007

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GONZALEZ, DENISE MD  
1006 SIENA PARK BLVD WEST  
CELEBRATION, FL 34747 US

**Name and Address of New Registered Agent:**

GONZALEZ, DENISE MD  
1006 SIENA PARK BLVD W  
CELEBRATION, FL 34747 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: \_\_\_\_\_

04/22/2008

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GONZALEZ, DENISE MD  
Address: 1006 SIENA PARK BLVD WEST  
City-St-Zip: CELEBRATION, FL 34747

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: GONZALEZ, DENISE MD  
Address: 1006 SIENA PARK BLVD WEST  
City-St-Zip: CELEBRATION, FL 34747

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: DENISE GONZALEZ MD

PRES

04/22/2008

Electronic Signature of Signing Officer or Director

Date