

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000082736

FILED
Mar 16, 2010
Secretary of State

Entity Name: FAMILY ALLERGY AND ASTHMA CENTER, P.A.

Current Principal Place of Business:

6537 GUNN HIGHWAY
TAMPA, FL 33625 US

New Principal Place of Business:

4008 MAGUIRE BLVD
APT 5110
ORLANDO, FL 32803 US

Current Mailing Address:

6537 GUNN HIGHWAY
TAMPA, FL 33625 US

New Mailing Address:

4008 MAGUIRE BLVD
APT 5110
ORLANDO, FL 32803 US

FEI Number: 26-3319651

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, GARY
202 S ROME AVENUE
SUITE 100
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

VU, ALEX
4008 MAGUIRE BLVD
APT 5110
ORLANDO, FL 32803 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: ATV

03/16/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: VU, ALEXANDER T
Address: 4008 MAGUIRE BLVD APT 5110
City-St-Zip: TAMPA, FL 33625 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: ALEX VU

P

03/16/2010

Electronic Signature of Signing Officer or Director

Date