

P10000082428

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2010 NOV -1 PM 3:09  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DR

\*00789, 00524, 00671

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**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: ALLERGY AND ASTHMA CARE PA

DOCUMENT NUMBER: P10000082428

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

R.G.RAJU C.P.A.

Name of Contact Person

RELIANCE CONSULTING LLC

Firm/ Company

3105 W.WATERS AVE,STE#105

Address

TAMPA,FL-33614

City/ State and Zip Code

RAJU@RELIANCECPA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

R.G.RAJU C.P.A.

Name of Contact Person

at ( 813 )

931-7258

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is enclosed)

☐ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy is enclosed)

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



RECEIVED

10 NOV -1 AM 8:24

FLORIDA DEPARTMENT OF STATE  
Division of Corporations  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

October 20, 2010

R.G. Raju C.P.A.  
Reliance Consulting LLC  
3105 W. Waters Ave, Ste 105  
Tampa, FL 33614

SUBJECT: ALLERGY AND ASTHMA CARE PA  
Ref. Number: P10000082428

We have received your document for ALLERGY AND ASTHMA CARE PA and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You amendment form is incomplete. The second and third page are missing. I have enclosed a blank second and third page for you to fill out and return to us. Please return the complete document including the cover letter, first, second and third page and a copy of this letter.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey  
Regulatory Specialist II

Letter Number: 410A00024754

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

2010 NOV -1 PM 3:09

ALLERGY AND ASTHMA CARE PA

(Name of Corporation as currently filed with the Florida Dept. of State)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

P10000082428

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**

(Principal office address **MUST BE A STREET ADDRESS**)

**C. Enter new mailing address, if applicable:**

(Mailing address **MAY BE A POST OFFICE BOX**)

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent:

SAMRIDHI N.NALLAMSHETTY

New Registered Office Address:

405 S.SHORE CREST DR

(Florida street address)

TAMPA


(City)

, Florida 33614

(Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

  
Signature of New Registered Agent, if changing

**If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:**

*(Attach additional sheets, if necessary)*

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	

**E. If amending or adding additional Articles, enter change(s) here:**

*(attach additional sheets, if necessary). (Be specific)*

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**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

*(if not applicable, indicate N/A)*

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The date of each amendment(s) adoption: 10/12/10  
(date of adoption is required)

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

**Adoption of Amendment(s) (CHECK ONE)**

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_."  
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 10/12/10

Signature X Mal  
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

SAMRIDHI N. VALLAMSHETTY  
(Typed or printed name of person signing)

Incorporator  
(Title of person signing)