

P94000037590

Document Number Only

C T Corporation System

Requestor's Name
660 East Jefferson Street

Address
Tallahassee, FL 32301 (850) 222-1092
City State Zip Phone

CORPORATION(S) NAME

900002920669--6
-07/01/99--01041--020
*****35.00 *****35.00

RA
Change
The allergy care centers, Inc

FILED
99 JUL -1 PM 3:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

- | | | |
|----------------------------------------------------|-------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | | |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Foreign | | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Reservation | <input checked="" type="checkbox"/> Change of R.A. |
| | | <input type="checkbox"/> Fictitious Name |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> CUS G/S |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call if Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

Name	
Availability	7/1/99
Document Examiner	RRR
Updater	RRR
Verifier	
Acknowledgment	
W.P. Verifier	

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THANK YOU ! MANDI KENT

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: The Allergy Care Centers, Inc.
2. The mailing address of the corporation is: 108 Maple Avenue East, Vienna, VA 22180
3. Date of incorporation/qualification: 5/16/94 Document number: P94000037590
4. The name and address of the current registered agent and office:

Charles P. Valentine

628 North Bear Lake Road, Suite 2

Apopka, FL 32712

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

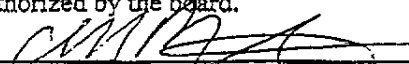
CT Corporation System

1200 South Pine Island Boulevard

Plantation, FL 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.


(Signature of an officer, chairman or vice chairman of the board)

Jun 30 99
(Date)

Marc Valentine, President

(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.


(Signature of Registered Agent)

6-30-99
(Date)

If signing on behalf of an entity:

Kevin J. Gallagher, Asst. VP

(Typed or Printed Name)

(Capacity)

*** FILING FEE: \$35.00 ***