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THE SOLOMON TROPP LAW GROUP, P.A.

400 NORTH ASHLEY PLAZA • SUITE 3000 TAMPA, FLORIDA 33602-4331

TELEPHONE: (813) 225-1818 TELEPHONE: (813) 225-1611 TELECOPIER: (813) 225-1050

November 9, 2001

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

800004678138--3 -11/14/01--01026--004 *****35.00 *****35.00

Re: Allergy & Asthma Centre, P.A.

Dear Sir/Madam:

Enclosed for filing is an original and one copy of the properly executed Statement of Change of Registered Office or Registered Agent or Both for Corporations for Allergy & Asthma Centre, P.A. Also enclosed is our firm's check in the amount of \$35.00, made payable to the Division of Corporations, for the filing fees.

Please return the "Filed" copy of the Statement of Change of Registered Office or Registered Agent or Both for Corporations to us in the enclosed self-addressed, stamped envelope.

If you have any questions, please call.

Sincerely yours,

THE SOLOMON TROPP LAW GROUP, P.A.

Łam, Legal Assistant

YYL/y Enclosure FILED OI NOV I 4 PM 3: 50 SECRETARY OF STATE ALLAHASSEE, FLORIDA

48754.22001.94854

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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 ofFlorida
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: Allergy & Asthma Centre, P.A.
2. The mailing address of the corporation: 5405 Park Street North
St. Petersburg, Florida 33709
3. Date of incorporation/qualification: 07/01/98 Document number: P98000059050
4. The name and address of the current registered agent and office:
William J. Schifino, Jr.
201 North Franklin Street, Suite 2600
Tampa, Florida 33602
5. The name and address of the new registered agent (if changed) and/or registered office (if changed) (P. O. Box Not Acceptable)
F. Lorraine Jahn
400 North Ashley Plaza, Suite 3000
Tampa, Florida 33602-4331
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.
Mai t Illi un
(Signature of an officer, chairman or vice chairman of the board) (Date)
Maria T. Olivero, 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 ham familiar with and accept the obligation of my position as registered agent.
(Signature of Registered Agent)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *

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