

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000059050

FILED
Jan 22, 2007
Secretary of State

Entity Name: ALLERGY & ASTHMA CENTRE, P.A.

Current Principal Place of Business:

5405 PARK ST NORTH
ST PETERSBURG, FL 33709

New Principal Place of Business:

4401 4TH ST. N.
ST PETERSBURG, FL 33703

Current Mailing Address:

5405 PARK STREET NORTH
ST PETERSBURG, FL 33709

New Mailing Address:

4401 4TH ST N
ST PETERSBURG, FL 33703

FEI Number: 59-3531200

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LORRAINE, JAHN
400 NORTH ASHLEY PLAZA STE 3000
TAMPA, FL 336024331 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: OLIVERO, MARIA T MD
Address: 5405 PARK ST N
City-St-Zip: SAINT PETERSBURG, FL 33709

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: OLIVERO, MARIA T MD
Address: 4401 4TH ST. N.
City-St-Zip: SAINT PETERSBURG, FL 33703

I hereby certify that the information supplied with this filing does not qualify for the 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: MARIA OLIVERO

PRES

01/22/2007

Electronic Signature of Signing Officer or Director

Date