

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000082657

**FILED**  
**Feb 23, 2011**  
**Secretary of State**

**Entity Name:** ALLERGY SPECIALISTS OF THE PALM BEACHES, INC.

**Current Principal Place of Business:**

1801 S.E. HILLMOOR DR.  
C-107  
PORT SAINT LUCIE, FL 34952 US

**New Principal Place of Business:**

411 W.INDIANTOWN ROAD  
JUPITER, FL 33458 US

**Current Mailing Address:**

PO BOX 1903  
HOBE SOUND, FL 33475 US

**New Mailing Address:**

**FEI Number:** 65-0864854      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TANUJA, VEDERE T  
7 NORTH BEACH RAD  
HOBE SOUND, FL 33455 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

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: VEDERE, TANUJA T  
Address: 1801 S.E HILLMOOR DRIVE SUITE C 107  
City-St-Zip: PORT ST LUCIE, FL 34952

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: TANUJA VEDERE

MD

02/23/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date