04/03/01 14:43 FAX 3052713355 ALLERGY & ASTHMA ASS. 004

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 APR 11 PM 12:20

DOCUMENT # P98000104749

1. Entity Name
FLORIDA CENTER FOR ALLERGY & ASTHMA RESEARCH, IN

Principal Place of Business	Mailing Address
8970 SW 87TH COURT, SUITE 101 MIAMI FL 33176	8970 SW 87TH COURT, SUITE 101 MIAMI FL 33176

2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE
03-05-01 90339 003 $150.00

4. FEI Number 65-0881955 | Applied For | Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~SCHIMMEL, JOSEPH BARRY~~
~~9400 S. DADELAND BLVD., SUITE 600~~
~~MIAMI FL 33156~~

7. Name and Address of New Registered Agent

Name: KTG&S Registered Agent Corporation
Street Address (P.O. Box Number is Not Acceptable): 100 S.E. 2 Street
Suite 2800
City: Miami FL Zip Code: 33131-2144

8. 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.

KTG&S Registered Agent Corporation

SIGNATURE By: [signature] Stanley Kuperstein, Vice-Pres. 4/3/2001
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP PACIN, MICHAEL P MD 8790 SW 87TH COURT, SUITE 1 MIAMI FL 33176	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD GLUCK, JOAN C MD 8790 SW 87TH COURT, SUITE 1 MIAMI FL 33176	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP LANDMAN, JAIME MD 8970 SW 87TH COURT, SUITE 101 MIAMI FL 33176	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	4/13	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 2/22/01
Signature of signing officer or director Date Daytime Phone #