

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 09, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000104749**

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



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

Mailing Address  
**8970 SW 87TH COURT, SUITE 101  
MIAMI, FL 33176**



01252007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0881955**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**KTG&S REGISTERED AGENT CORPORATION  
100 SE 2ND STREET  
STE 2800  
MIAMI, FL 33131-2144**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

**U000000629406  
02/16/07-80055-021 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	PACIN, MICHAEL P MD
STREET ADDRESS	8790 SW 87TH COURT, SUITE 1
CITY- ST- ZIP	MIAMI, FL 33176
TITLE	STD
NAME	GLUCK, JOAN C MD
STREET ADDRESS	8790 SW 87TH COURT, SUITE 1
CITY- ST- ZIP	MIAMI, FL 33176
TITLE	VP
NAME	LANDMAN, JAIME MD
STREET ADDRESS	8790 SW 87TH COURT, SUITE 101
CITY- ST- ZIP	MIAMI, FL 33176
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/31/07**  
Date

**305-279-3366**  
Daytime Phone #