

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

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**

FILED
Mar 28, 2008 08:00 AM
Secretary of State



01152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0881955	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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, 2008 Fee will be \$850.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

04/10/08-80038-011 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PACIN, MICHAEL P MD 8790 SW 87TH COURT, SUITE 1 MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GLUCK, JOAN C MD 8790 SW 87TH COURT, SUITE 1 MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LANDMAN, JAIME MD 8970 SW 87TH COURT, SUITE 101 MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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

3-12-08

Date

305-223-8808

Daytime Phone #