

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000104749

FILED
Jan 30, 2009
Secretary of State

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

Current Principal Place of Business:

9035 SUNSET DR, STE 204
MIAMI, FL 33173

New Principal Place of Business:

Current Mailing Address:

9035 SUNSET DR, STE 204
MIAMI, FL 33173

New Mailing Address:

FEI Number: 65-0881955

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KTG&S REGISTERED AGENT CORPORATION
100 SE 2ND STREET
STE 2800
MIAMI, FL 331312144 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: DP () Delete
Name: PACIN, MICHAEL P MD
Address: 8790 SW 87TH COURT, SUITE 1
City-St-Zip: MIAMI, FL 33176

Title: STD () Delete
Name: GLUCK, JOAN C MD
Address: 8790 SW 87TH COURT, SUITE 1
City-St-Zip: MIAMI, FL 33176

Title: VP (X) Delete
Name: LANDMAN, JAIME MD
Address: 8970 SW 87TH COURT, SUITE 101
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: PACIN, MICHAEL P MD
Address: 9035 SUNSET DR, STE 204
City-St-Zip: MIAMI, FL 33173

Title: PRES (X) Change () Addition
Name: LANDMAN, JAIME MD
Address: 9035 SUNSET DR, STE 204
City-St-Zip: MIAMI, FL 33173

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JAIME LANDMAN, M.D.

PRES

01/30/2009

Electronic Signature of Signing Officer or Director

Date