

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000104749

**FILED**  
**Mar 15, 2012**  
**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:**

TAYON, KATHY J  
FOWLER WHITE BOGGS PA  
1200 E. LAS OLAS BLVD - STE. 400  
FT. LAUDERDALE, FL 33301 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: VP  
Name: PACIN, MICHAEL P MD  
Address: 9035 SUNSET DR, STE 204  
City-St-Zip: MIAMI, FL 33173

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

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: JAIME LANDMAN

PRES

03/15/2012

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

\_\_\_\_\_  
Date