

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000032351

FILED  
Jan 10, 2009  
Secretary of State

**Entity Name:** ADVANCED ALLERGY & ASTHMA CARE PA

**Current Principal Place of Business:**

6233 66TH STREET NORTH  
PINELLAS PARK, FL 33781

**New Principal Place of Business:**

**Current Mailing Address:**

4310 ALDON COURT  
PALM HARBOR, FL 34685

**New Mailing Address:**

3416 W. SAN PEDRO ST  
TAMPA, FL 33629

**FEI Number:** 22-3647644

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHAMARTHY, LATHA  
4310 ALDON COURT  
PALM HARBOR, FL 34685 US

**Name and Address of New Registered Agent:**

SANKA, MADHURIMA  
3416 WEST SAN PEDRO ST  
TAMPA, FL 33629 US

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: MADHURIMA SANKA

01/10/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CHAMARTHY, LATHA M  
Address: 4310 ALDON COURT  
City-St-Zip: PALM HARBOR, FL 34685

Title: D ( ) Delete  
Name: SANKA, MADHURIMA  
Address: 6233 66TH STREET  
City-St-Zip: PINELLAS PARK, FL 33781

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: MADHURIMA SANKA

DO

01/10/2009

Electronic Signature of Signing Officer or Director

Date