

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 550301

Entity Name: ROBERSON ALLERGY & ASTHMA, INC.

Current Principal Place of Business:

1411 NORTH FLAGLER DRIVE
6100
WEST PALM BEACH, FL 33401

Current Mailing Address:

135 EL MIRASOL DRIVE
PALM BEACH, FL 33480 US

FEI Number: 59-1774000

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROBERSON, CLIVE ERA
135 EL MIRASOL DR.
PALM BEACH, FL 33480 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name ROBERSON, CLIVE
Address 135 EL MIRASOL DR
City-State-Zip: PALM BEACH FL 33480

Title DIRECTOR
Name TUER, WILLIAM DR.
Address 1411 NORTH FLAGLER DRIVE
6100
City-State-Zip: WEST PALM BEACH FL 33401

Title DIRECTOR
Name CARMODY, LAURA
Address 1411 NORTH FLAGLER DRIVE
6100
City-State-Zip: WEST PALM BEACH FL 33401

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: CLIVE E ROBERSON, MD

PRESIDENT

04/30/2018

Electronic Signature of Signing Officer/Director Detail

Date