

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 550301

**Entity Name:** ROBERSON ALLERGY & ASTHMA, INC.

**Current Principal Place of Business:**

1411 NORTH FLAGLER DRIVE  
SUITE 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:** CLIVE E ROBERSON

02/04/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

Title DIRECTOR  
Name CARMODY, LAURA  
Address 1411 NORTH FLAGLER DRIVE  
SUITE 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:** LAURA CARMODY

DIRECTOR

02/04/2021

Electronic Signature of Signing Officer/Director Detail

Date