

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M37424

**Entity Name:** FLORIDA ALLERGY AND ASTHMA ASSOCIATES, P.A.

**Current Principal Place of Business:**

5507 S. CONGRESS AVENUE  
SUITE 140  
ATLANTIS, FL 33462-1145

**Current Mailing Address:**

5507 S. CONGRESS AVENUE  
SUITE 140  
ATLANTIS, FL 33462-1145

**FEI Number:** 59-2710378

**Certificate of Status Desired:** Yes

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

LOUIE, STEVEN J  
5507 SOUTH CONGRESS AVE  
140  
ATLANTIS, FL 33462 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 DP  
Name LOUIE, STEVEN J.  
Address 5507 S CONGRESS AVE #140  
City-State-Zip: ATLANTIS FL 33462

*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:** STEVEN J. LOUIE

**PRESIDENT**

**03/18/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date