

**2015 FLORIDA PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P06000020896

**Entity Name:** BAY AREA ALLERGY AND ASTHMA, INC.

**Current Principal Place of Business:**

4965 CENTRAL AVE.  
ST. PETERSBURG, FL 33710

**Current Mailing Address:**

4965 CENTRAL AVE.  
ST. PETERSBURG, FL 33710 US

**FEI Number:** 20-4303417

**Certificate of Status Desired:** No

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

MANGAT, MONA  
1131 DARLINGTON OAK DR NE  
ST. PETERSBURG, FL 33703 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:** MONA MANGAT MD

10/28/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PVST  
Name MANGAT, MONA  
Address 3119 BAYSHORE BLVD NE  
City-State-Zip: ST. PETERSBURG FL 33703

Title MD  
Name MANGAT, MONA  
Address 3119 BAYSHORE BLVD NE  
City-State-Zip: ST. PETERSBURG FL 33703

*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:** MONA MANGAT MD

PRESIDENT

10/28/2015

Electronic Signature of Signing Officer/Director Detail

Date