

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000059050

Entity Name: ALLERGY & ASTHMA CENTRE, P.A.

Current Principal Place of Business:

4401 4TH ST. N.
ST PETERSBURG, FL 33703

Current Mailing Address:

4401 4TH ST. N.
ST PETERSBURG, FL 33703

FEI Number: 59-3531200

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LORRAINE, JAHN
400 NORTH ASHLEY PLAZA STE 3000
TAMPA, FL 33602-4331 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 P
Name OLIVERO, MARIA TMD
Address 4401 4TH ST. N.
City-State-Zip: SAINT 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: MARIA T. OLIVERO

PRES.

03/27/2013

Electronic Signature of Signing Officer/Director Detail

Date