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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: EDWARD T. MCLAUGHLIN

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L9700000039

Entity Name: ASTHMA AND ALLERGY SPECIALISTS, LLC

Current Principal Place of Business:

785 WEST GRANADA BLVD. SUITE 2 ORMOND BEACH, FL 32174

Current Mailing Address:

785 WEST GRANADA BLVD. SUITE 2 ORMOND BEACH, FL 32174

FEI Number: 59-3414513

Name and Address of Current Registered Agent:

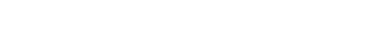
MCLAUGHLIN, EDWARD 785 W. GRANADA BLVD. SUITE 2 ORMOND BEACH, FL 32174 US

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

Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	MCLAUGHLIN, EDWARD T	Name	MAS, JUAN C
Address	785 W GRANADA BLVD	Address	785 W GRANADA BLVD
City-State-Zip:	ORMOND BEACH FL 32174	City-State-Zip:	ORMOND BEACH FL 32174



MGR

Certificate of Status Desired: No

FILED Jan 25, 2013 Secretary of State CC6894364781

> 01/25/2013 Date

Date