

MAR 04 2002

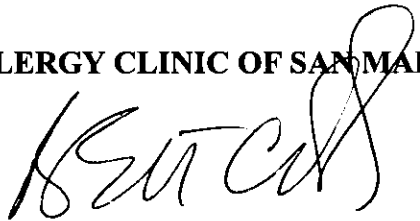
ASSUMED NAME CERTIFICATE

Corporations Section

1. The name of the corporation, limited liability company, limited partnership, or registered limited liability partnership as stated in its articles of incorporation, articles of organization, certificate of limited partnership, application or comparable document is: **Cobb Allergy Clinic of San Marcos, P.A.**
2. The assumed name under which the business or professional service is or is to be conducted or rendered is: **Allergy Clinic of San Marcos.**
3. The state, country, or other jurisdiction under the laws of which it was incorporated, organized or associated is: Texas, and the address of its registered or similar office in that jurisdiction is: **1347 Thorpe Lane, San Marcos, Texas 78666.**
4. The period, not to exceed ten years, during which this assumed name will be used is: Ten (10) Years.
5. The entity is a (circle one): business corporation, non-profit corporation, professional corporation, professional association, limited liability company, limited partnership, registered limited liability partnership or some other type of incorporated business, professional or other association (specify) \_\_\_\_\_.
6. If the entity is required to maintain a registered office in Texas, the address of the registered office is: **1347 Thorpe Lane, San Marcos, Texas 78666**, and the name of its registered agent at such address is: **Albert H. Cobb, Jr., M.D.**  
The address of the principal office (if not the same as the registered office) is: **Same.**
7. If the entity is not required to or does not maintain a registered office in Texas, the office address in Texas is: **N/A**, and if the entity is not incorporated, organized or associated under the laws of Texas, the address of its place of business in Texas is: **N/A** and the office address elsewhere is: **N/A.**
8. The county or counties where business or professional services are being or are to be conducted or rendered under such assumed name are (if applicable, use the designation: "ALL" or "ALL EXCEPT"): **Hays County, Texas.**

**COBB ALLERGY CLINIC OF SAN MARCOS,  
P.A.**

By:

  
Albert H. Cobb, Jr., M.D., President



Office of the Secretary of State  
Reports Unit  
P.O. Box 12028  
Austin, Texas 78711-2028  
(Form 803)

Filed in the Office of the  
Secretary of State of Texas  
Filing #: 800058155 04/12/2010  
Document #: 303007060002  
Image Generated Electronically  
for Web Filing

## ANNUAL STATEMENT - DOMESTIC PROFESSIONAL ASSOCIATION

File Number: **800058155**

Year: **2010**

1. The name of the professional association is: **Cobb Allergy Clinic of San Marcos, P.A.**

2. The name of the registered agent is: **Albert H Cobb**

3. The registered office address, which is identical to the business office address of the registered agent in Texas, is:  
**101 Centerpoint Rd, San Marcos, TX, USA 78666**

4. Consent of Registered Agent

☐ A. A copy of the consent of registered agent is attached.

**OR**

☒ B. The consent of the registered agent is maintained by the entity.

5. The names and addresses of all members of the professional association are:

Member 1: (Individual Name)	<b>Albert H Cobb Jr</b>
Address:	<b>PO Box 913 San Marcos, TX, USA 78667</b>

6. The names and addresses of all directors or executive committee members of the professional association are:

Director/Executive 1: (Individual Name)	<b>Albert H Cobb Jr</b>	Title:	<b>Director</b>
Address:	<b>PO Box 913 San Marcos, TX, USA 78667</b>		

7. The names, addresses, and titles of all officers of the professional association are:

Officer 1: (Individual Name)	<b>Albert H Cobb Jr</b>	Title:	<b>President</b>
Address:	<b>PO Box 913 San Marcos, TX, USA 78667</b>		
Officer 2: (Individual Name)	<b>Albert H Cobb Jr</b>	Title:	<b>Secretary</b>
Address:	<b>PO Box 913 San Marcos, TX, USA 78667</b>		
Officer 3: (Individual Name)	<b>Albert H Cobb Jr</b>	Title:	<b>Treasurer</b>
Address:	<b>PO Box 913 San Marcos, TX, USA 78667</b>		
Officer 4: (Individual Name)	<b>Albert H Cobb Jr</b>	Title:	<b>Vice-President</b>
Address:	<b>PO Box 913 San Marcos, TX, USA 78667</b>		

8. All members are licensed to perform the type of professional service for which the association is formed; or, if applicable, each member is licensed to perform professional services falling within the scope of practice of the practitioner.

**Execution:**

The undersigned affirms that the person designated as registered agent has consented to the appointment. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized under the provisions of law governing the entity to execute the filing instrument.

Date: **April 12, 2010**

**Albert H Cobb**

Signature of authorized officer

FILING OFFICE COPY



Office of the Secretary of State

ANNUAL STATEMENT - PROFESSIONAL ASSOCIATION

File Number: 800058155  
Filing Fee: \$35

Year: 2009  
Page 1 of 2

1. The name of the professional association is:

**Cobb Allergy Clinic of San Marcos, P.A.**

2. The address of the principal office of the professional association is:

**101 Centerpoint Rd  
San Marcos, TX 78666**

**FILED  
In the Office of the  
Secretary of State of Texas**

**AUG 05 2009**

3. The name of the registered agent is:

**Albert H Cobb**  
*(Make changes here)*

**Corporations Section**

4. The registered office address, which is identical to the business office address of the registered agent in Texas, is:

**101 Centerpoint Rd  
San Marcos, TX 78666**

*(Make changes here-use street or building address, see Instructions)*

5. The names and addresses of all members of the professional association are:

*(If additional space is needed, include the information as an attachment to this form for item 5)*

<u>Name</u>	<u>Address</u>	<u>City/State/Zip</u>
Albert H Cobb, Jr.	PO Box 913	San Marcos, TX 78667

6. The names and addresses of all directors or executive committee members of the professional association are: (Each must be a licensed member named in item 5)

*(If additional space is needed, include the information as an attachment to this form for item 6)*

<u>Name</u>	<u>Address</u>	<u>City/State/Zip</u>	<u>Title</u>
Albert H Cobb, Jr	PO Box 913	San Marcos, TX 78667	Director

**RECEIVED  
SECRETARY OF STATE**

**AUG 05 2009**

**CLK 28  
AUSTIN, TEXAS**

7. The names, addresses, and titles of all officers of the professional association are: (Each must be a licensed member named in item 5. All offices must be filled One person may hold all offices in a one-person association )

*(If additional space is needed, include the information as an attachment to this form for item 7 )*

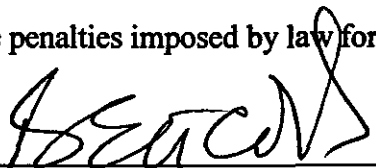
<u>Name</u>	<u>Address</u>	<u>City/State/Zip</u>	<u>Title</u>
Albert H Cobb, Jr	PO Box 913	San Marcos, TX 78667	President
Albert H Cobb, Jr	PO Box 913	San Marcos, TX 78667	Vice-President
Albert H Cobb, Jr	PO Box 913	San Marcos, TX 78667	Secretary
Albert H Cobb, Jr	PO Box 913	San Marcos, TX 78667	Treasurer

8. All members are licensed to perform the type of professional service for which the association is formed; or, if applicable, each member is licensed to perform professional services falling within the scope of practice of the practitioner.

**Execution:**

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument.

Date: 8-3-09

  
\_\_\_\_\_  
Signature of authorized officer



Office of the Secretary of State  
Reports Unit  
P.O. Box 12028  
Austin, Texas 78711-2028  
(Form 803)

Filed in the Office of the  
Secretary of State of Texas  
Filing #: 800058155 07/25/2008  
Document #: 223549960002  
Image Generated Electronically  
for Web Filing

## ANNUAL STATEMENT - PROFESSIONAL ASSOCIATION

File Number: **800058155**

Year: **2008**

1. The name of the professional association is: **Cobb Allergy Clinic of San Marcos, P.A.**

2. The address of the principal office of the professional association is:  
**101 Centerpoint Rd, San Marcos, TX, USA 78666**

3. The name of the registered agent is: **Albert H Cobb**

4. The registered office address, which is identical to the business office address of the registered agent in Texas, is:  
**101 Centerpoint Rd, San Marcos, TX, USA 78666**

5. The names and addresses of all members of the professional association are:

Member 1: (Individual Name)	<b>Albert H Cobb Jr</b>
-----------------------------	-------------------------

Address:	<b>PO Box 913 San Marcos, TX, USA 78667</b>
----------	---

6. The names and addresses of all directors or executive committee members of the professional association are:

Director/Executive 1: (Individual Name)	<b>Albert H Cobb Jr</b>
---	-------------------------

Title:	<b>Director</b>
--------	-----------------

Address:	<b>PO Box 913 San Marcos, TX, USA 78667</b>
----------	---

7. The names, addresses, and titles of all officers of the professional association are:

Officer 1: (Individual Name)	<b>Albert H Cobb Jr</b>
------------------------------	-------------------------

Title:	<b>President</b>
--------	------------------

Address:	<b>PO Box 913 San Marcos, TX, USA 78667</b>
----------	---

Officer 2: (Individual Name)	<b>Albert H Cobb Jr</b>
------------------------------	-------------------------

Title:	<b>Secretary</b>
--------	------------------

Address:	<b>PO Box 913 San Marcos, TX, USA 78667</b>
----------	---

Officer 3: (Individual Name)	<b>Albert H Cobb Jr</b>
------------------------------	-------------------------

Title:	<b>Treasurer</b>
--------	------------------

Address:	<b>PO Box 913 San Marcos, TX, USA 78667</b>
----------	---

Officer 4: (Individual Name)	<b>Albert H Cobb Jr</b>
------------------------------	-------------------------

Title:	<b>Vice-President</b>
--------	-----------------------

Address:	<b>PO Box 913 San Marcos, TX, USA 78667</b>
----------	---

8. All members are licensed to perform the type of professional service for which the association is formed; or, if applicable, each member is licensed to perform professional

services falling within the scope of practice of the practitioner.

**Execution:**

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument.

Date: **July 25, 2008**

**Albert H Cobb**

Signature of authorized officer

FILING OFFICE COPY



Office of the Secretary of State  
Reports Unit  
P.O. Box 12028  
Austin, Texas 78711-2028  
(Form 803)

Filed in the Office of the  
Secretary of State of Texas  
Filing #: 800058155 09/28/2007  
Document #: 187365860002  
Image Generated Electronically  
for Web Filing

## ANNUAL STATEMENT - PROFESSIONAL ASSOCIATION

File Number: **800058155**

Year: **2007**

1. The name of the professional association is: **Cobb Allergy Clinic of San Marcos, P.A.**

2. The address of the principal office of the professional association is:  
**101 Centerpoint Rd, San Marcos, TX, USA 78666**

3. The name of the registered agent is: **Albert H Cobb**

4. The registered office address, which is identical to the business office address of the registered agent in Texas, is:  
**101 Centerpoint Rd, San Marcos, TX, USA 78666**

5. The names and addresses of all members of the professional association are:

Member 1: (Individual Name)	<b>Albert H Cobb Jr</b>
-----------------------------	-------------------------

Address:	<b>PO Box 913 San Marcos, TX, USA 78667</b>
----------	---

6. The names and addresses of all directors or executive committee members of the professional association are:

Director/Executive 1: (Individual Name)	<b>Albert H Cobb Jr</b>
---	-------------------------

Title:	<b>Director</b>
--------	-----------------

Address:	<b>PO Box 913 San Marcos, TX, USA 78667</b>
----------	---

7. The names, addresses, and titles of all officers of the professional association are:

Officer 1: (Individual Name)	<b>Albert H Cobb Jr</b>
------------------------------	-------------------------

Title:	<b>President</b>
--------	------------------

Address:	<b>PO Box 913 San Marcos, TX, USA 78667</b>
----------	---

Officer 2: (Individual Name)	<b>Albert H Cobb Jr</b>
------------------------------	-------------------------

Title:	<b>Secretary</b>
--------	------------------

Address:	<b>PO Box 913 San Marcos, TX, USA 78667</b>
----------	---

Officer 3: (Individual Name)	<b>Albert H Cobb Jr</b>
------------------------------	-------------------------

Title:	<b>Treasurer</b>
--------	------------------

Address:	<b>PO Box 913 San Marcos, TX, USA 78667</b>
----------	---

Officer 4: (Individual Name)	<b>Albert H Cobb Jr</b>
------------------------------	-------------------------

Title:	<b>Vice-President</b>
--------	-----------------------

Address:	<b>PO Box 913 San Marcos, TX, USA 78667</b>
----------	---

8. All members are licensed to perform the type of professional service for which the association is formed; or, if applicable, each member is licensed to perform professional



services falling within the scope of practice of the practitioner.

**Execution:**

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument.

Date: **September 28, 2007**

**Loren T Clift**

Signature of authorized officer

FILING OFFICE COPY



Office of the Secretary of State

ANNUAL STATEMENT - PROFESSIONAL ASSOCIATION

File Number: 800058155

Year: 2006

Filing Fee : \$35.00

Page 1 of 2

1. The name of the professional association is:

Cobb Allergy Clinic of San Marcos, P.A.

2. The address of the principal office of the professional association is:

~~1347 Thorpe Lane~~ 101 Centerpoint Rd  
San Marcos, TX 78666

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In the Office of the  
Secretary of State of Texas

3. The name of the registered agent is:

Albert H Cobb

(Make changes here)

JUN 13 2006

Corporations Section

4. The registered office address, which is identical to the business office address of the registered agent in Texas, is:

~~1347 Thorpe Lane~~ 101 Centerpoint Rd  
San Marcos, TX 78666

(Make changes here-use street or building address, see instructions).

5. The names and addresses of all members of the professional association are:

(If additional space is needed, include the information as an attachment to this form for item 5 )

Name

Address

City/State/Zip

Albert H Cobb, Jr

San Marcos, TX 78666

~~Jay L Gruhlkey~~ Remove

~~San Marcos, TX 78666~~ Remove

6. The names and addresses of all directors or executive committee members of the professional association are: (each must be a licensed member named in item 5 )

(If additional space is needed, include the information as an attachment to this form for item 6 )

Name

Address

City/State/Zip

Title

Albert H Cobb, Jr

San Marcos, TX 78666

Director

President

~~Jay L Gruhlkey~~

Remove

~~San Marcos, TX 78666~~

Director

Remove

7. The names, addresses, and titles of all officers of the professional association are: (each must be a licensed member named in item 5. All offices must be filled. One person may hold all offices in a one-person association )

(If additional space is needed, include the information as an attachment to this form for item 7 )

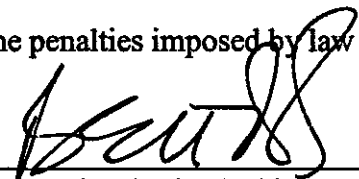
<u>Name</u>	<u>Address</u>	<u>City/State/Zip</u>	<u>Title</u>
Albert H Cobb, Jr		San Marcos, TX 78666	President
Albert H Cobb, Jr		San Marcos, TX 78666	Vice-President
<del>Jay L Gruhlkey</del> Albert H. Cobb, Jr		San Marcos, TX 78666	Secretary
<del>Jay L Gruhlkey</del> Albert H. Cobb, Jr		San Marcos, TX 78666	Treasurer

8. All members are licensed to perform the type of professional service for which the association is formed; or, if applicable, each member is licensed to perform professional services falling within the scope of practice of the practitioner.

**Execution:**

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument.

Date: 6-12-06

  
\_\_\_\_\_  
Signature of authorized officer



Office of the Secretary of State

ANNUAL STATEMENT - PROFESSIONAL ASSOCIATION

Filing Number **800058155**

Year 2005

Filing Fee **\$35.00**

Page 1 of 2

- 1 The name of the association is  
**Cobb Allergy Clinic of San Marcos, P.A.**
- 2 The address of the principal office of the association is  
**1347 Thorpe Lane,  
San Marcos, TX 78666**

FILED  
In the Office of the  
Secretary of State of Texas

APR 06 2005

- 3 The name of the registered agent is  
**Albert H Cobb**

Corporations Section

*(Make changes here)*

- 4 The business address of the registered agent and the registered office address in Texas is (street or building address, including apartment or suite number, city, state, and zip code, a P O Box may be used only in cities with a population of less than 5,000)

**1347 Thorpe Lane,  
San Marcos, TX 78666**

*(Make changes here)*

- 5 The names and addresses of all members of the professional association, all of whom are licensed to practice the profession for which the association is organized, are

*(If additional space is needed, include the information as an attachment to this form for item 5 )*

<u>Name</u>	<u>Address</u>	<u>City/State/Zip</u>
Albert H Cobb, Jr	1347 Thorpe Lane	San Marcos, TX 78666
Jay L Gruhlkey,	1347 Thorpe Lane	San Marcos, TX 78666

- 6 The names and addresses of all directors or executive committee members of the professional association are (each must be a licensed member(s) named in #5 )

*(If additional space is needed, include the information as an attachment to this form for item 6 )*

<u>Name</u>	<u>Address</u>	<u>City/State/Zip</u>
Albert H Cobb, Jr	1347 Thorpe Lane	San Marcos, TX 78666
Jay L Gruhlkey	1347 Thorpe Lane	San Marcos, TX 78666

- 7 The names, addresses, and titles of all officers of the professional association are (each must be a licensed member(s) named in item 5 All offices must be filled One person may hold all offices in a one-person association )

*(If additional space is needed, include the information as an attachment to this form for item 7 )*

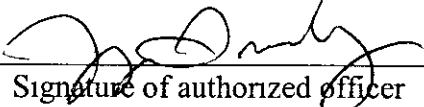
<u>Name</u>	<u>Address</u>	<u>City/State/Zip</u>	<u>Title</u>
Albert H Cobb, Jr	1347 Thorpe Lane	San Marcos, TX 78666	President
Albert H Cobb, Jr	1347 Thorpe Lane	San Marcos, TX 78666	Vice-President
Jay L Gruhlkey	1347 Thorpe Lane	San Marcos, TX 78666	Secretary
Jay L Gruhlkey	1347 Thorpe Lane	San Marcos, TX 78666	Treasurer

- 8 All members are licensed to perform the type of professional service for which the association is formed, or, if applicable, each member is licensed to perform professional services falling within the scope of practice of the practitioner

**Execution:**

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument

Date: 4/4/05

  
Signature of authorized officer

Reports Unit  
P O Box 12028  
Austin, Texas 78711-2028



Geoffrey S Connor  
Secretary of State

## Office of the Secretary of State

### PROFESSIONAL ASSOCIATION ANNUAL STATEMENT

File Number 800058155  
Filing Fee \$35.00

Page 1 of 2

1. The name of the professional association is  
Cobb Allergy Clinic of San Marcos, P.A.
2. The address of the principal office of the association is  
1347 Thorpe Lane,  
San Marcos, TX-78666
3. The street address of the registered office is.  
1347 Thorpe Lane,  
San Marcos, TX-78666

FILED  
In the Office of the  
Secretary of State of Texas

NOV 15 2004

Corporations Section

(Make changes here)

~~Mailing address~~  
~~P O Box 913, San Marcos, TX 78667-0913~~

4. The name of the registered agent at that address is  
Albert H Cobb

(Make changes here)

5. The names and addresses of all members of the professional association, all of whom are licensed to practice the profession for which the association is organized, are.

<u>Name</u>	<u>Address</u>	<u>City/State/Zip</u>
Jay L. Gruhlkey	1347 Thorpe Lane	San Marcos, TX 78666
Albert H Cobb, Jr	1347 Thorpe Lane	San Marcos, TX 78666

6. The names and addresses of all directors or executive committee members are (must be licensed members named in #5 above)

<u>Name</u>	<u>Address</u>	<u>City/State/Zip</u>
Albert H Cobb, Jr	1347 Thorpe Lane	San Marcos, TX-78666
Jay L. Gruhlkey	1347 Thorpe Lane	San Marcos, TX 78666

Annual Statement  
File Number 800058155  
Page 2 of 2

- 7 The Names and respective addresses of officers are (All officers must be licensed member(s) named in #5 above. All officers must be filled. One person may hold all offices in a one person association.)

Name	Title	Address	City/State/Zip
Albert H. Cobb Jr.	Pres / V. Pres	1347 Thorpe Lane,	San Marcos, TX 78666
Jay L. Gruhlkey	Sec / Treas	1347 Thorpe Lane,	San Marcos, TX 78666

8. All members are licensed to perform the type of professional service for which the association is formed, or, if applicable, each member is licensed to perform professional services falling within the scope of practice of the practitioner



(Signature by an officer)

PRESIDENT

**INSTRUCTIONS** All items must be completed. Please make any changes to the preprinted information by typing or printing the new information in the appropriate area. Any change to the name of the association requires filing articles of amendment. The annual statement must be signed on behalf of the association by an officer. After signing, return the completed statement and \$35.00 filing fee to Secretary of State, Reports Unit, P O Box 12028, Austin, Texas 78711-2028. This statement must be filed on or before June 30th of each year.



Office of the Secretary of State

FILED  
In the Office of the  
Secretary of State of Texas  
File Number: 00059155  
Filing Fee : \$35.00

JUN 30 2003

Corporations Section

1. The name of the professional association is:

Cobb Allergy Clinic of San Marcos, P.A.

2. The address of the principal office of the association is:

1347 Thorpe Lane,  
San Marcos, TX-78666

3. The street address of the registered office is:

1347 Thorpe Lane,  
San Marcos, TX-78666

(Make changes here):

4. The name of the registered agent at that address is:

Albert H Cobb

(Make changes here):

5. The names and addresses of all members of the professional association, all of whom are licensed to practice the profession for which the association is organized, are:

<u>Name</u>	<u>Mailing Address</u>	<u>Street Address</u>	<u>City/ State</u>
Albert H. Cobb, MD	1347 Thorpe Lane	San Marcos, TX	78666

6. The names and respective addresses of officers are: (All officers must be licensed member(s) named in #5 above. One person may hold all offices in a one person association).

<u>Name</u>	<u>Title</u>	<u>Street Address</u>	<u>City/ State</u>
Albert H Cobb	Director	1347 Thorpe Lane	San Marcos, TX-78666

7. The names and addresses of all directors or executive committee members are: (must be licensed members named in #5 above)

<u>Name</u>	<u>Address</u>	<u>City/ State</u>
Albert H. Cobb MD	1347 Thorpe Lane	San Marcos, TX 78666

Albert H. Cobb, MD

Signature by an officer





7160 3901 9845 5359 6542

Service Type **CERTIFIED MAIL**

Restricted Delivery? (Extra Fee) ☐ Yes

Article Addressed to:

Cobb Allergy Clinic of San Marcos, P.A.  
Albert H Cobb  
101 Centerpoint Rd  
San Marcos, TX 78666

Received by (Please Print Clearly)  
**DINA SCHMIDT**

B. Date of Delivery

C. Signature  
*Dina Schmidt*

☒ Agent  
☐ Addressee

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

**JUL 29 2009**

**RECEIVED**  
**SECRETARY OF STATE**  
**JUL 30 2009**  
**CLK 47**  
**AUSTIN, TEXAS**

PAY TO THE ORDER OF  
TEXAS COMPTROLLER/SECRETARY OF STATE  
STATE OF TEXAS  
07/30/2009 05:00 PM  
Register Number: 276970410012



2769704100123

2009-800058155

S Form 3811, January 2005

Domestic Return Receipt



7160 3901 9845 5355 9080

Service Type **CERTIFIED MAIL**

Restricted Delivery? (Extra Fee) ☐ Yes

Article Addressed to

Cobb Allergy Clinic of San Marcos, P.A.  
Albert H Cobb  
101 Centerpoint Rd  
San Marcos, TX 78666

A. Received by (Please Print Clearly) <b>Angela Cox</b>	B. Date of Delivery <b>7/27/08</b>
C. Signature <b>X Angela Cox</b>	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? If YES, enter delivery address below	<input type="checkbox"/> Yes <input type="checkbox"/> No

PAY TO THE ORDER OF  
TEXAS CONTROLLER/SECRETARY OF STATE  
STATE OF TEXAS  
07/28/2008 05:00 PM  
Register Number: 225012140009



2250121400090

RECEIVED  
SECRETARY OF STATE  
JUL 28 2008  
CLK 44  
AUSTIN, TEXAS

2008-800058155

5 Form 3811, January 2005

Domestic Return Receipt



7160 3701 7849 4287 3933

Service Type **CERTIFIED MAIL**Restricted Delivery? (Extra Fee) ☐ Yes

Article Addressed to:

Cobb Allergy Clinic of San Marcos, P.A.  
 Albert H Cobb  
 101 Centerpoint Rd  
 San Marcos, TX 78666

## COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) <b>Angela Cox</b>	B. Date of Delivery <b>8/31/07</b>
C. Signature <b>x Angela Cox</b>	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? If YES, enter delivery address below	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

**RECEIVED****SECRETARY OF STATE****AUG 03 2007**
**CLK 45  
 AUSTIN, TEXAS**

PAY TO THE ORDER OF  
 TEXAS COMPTROLLER/SECRETARY OF STATE  
 STATE OF TEXAS  
 08/03/2007 05:00 PM  
 Register Number: 182263440011



1822634400112

2007-800058155



## Office of the Secretary of State

April 2, 2007

Albert H Cobb  
Cobb Allergy Clinic of San Marcos, P.A.  
101 Centerpoint Rd  
San Marcos, TX 78666

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### Annual Statement – First Notification Letter

Re: Cobb Allergy Clinic of San Marcos, P.A.  
File Number: **800058155**

Dear Registered Agent:

A professional association is required by law to file an annual statement with the Secretary of State in June of each year. You are hereby notified that the above referenced professional association is required to file the annual statement at this time. This annual statement should be completed and received by this office on or before **June 30th**. Failure to file the annual statement when due will result, after notice, in the professional association's status being changed to delinquent and could ultimately result in the involuntary dissolution or termination of the domestic professional association or the revocation of the registration of the foreign professional association.

One copy of the required annual statement is enclosed, along with instructions for completing the statement. Make any necessary changes to the preprinted information by typing or printing the new information in the area provided. Submit the annual statement, along with the required filing fee that is shown on the attached statement, to the mailing address on the statement form. **Please make a copy of this statement prior to mailing and retain for the professional association's records.**

For your convenience, the annual statement may be filed online through SOSDirect at **<http://www.sos.state.tx.us/corp/sosda/index.shtml>**.

If you have any questions about filing the annual statement or require assistance filing online using SOSDirect, please call 512-475-2705 or e-mail [ReportsUnit@sos.state.tx.us](mailto:ReportsUnit@sos.state.tx.us).

Sincerely,  
Reports Unit  
Business and Public Filings Division

Enclosure



## Office of the Secretary of State

April 1, 2010

Albert H Cobb  
Cobb Allergy Clinic of San Marcos, P.A.  
101 Centerpoint Rd  
San Marcos, TX 78666

### Annual Statement – First Notification Letter

Re: Cobb Allergy Clinic of San Marcos, P.A.  
File Number: **800058155**

Dear Registered Agent:

A professional association is required by law to file an annual statement with the Secretary of State in June of each year. You are hereby notified that the above referenced professional association is required to file the annual statement at this time. This annual statement should be completed and received by this office on or before **June 30th**. Failure to file the annual statement when due will result, after notice, in the professional association's status being changed to delinquent and could ultimately result, after notice, in the termination of the existence of the domestic professional association or the revocation of the registration of the foreign professional association.

One copy of the required annual statement is enclosed, along with instructions for completing the statement. Make any necessary changes to the preprinted information by typing or printing the new information in the area provided. Submit the annual statement, along with the required filing fee that is shown on the attached statement, to the mailing address on the statement form. **Please make a copy of this statement prior to mailing and retain for the professional association's records.**

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Sincerely,  
Reports Unit  
Business and Public Filings Division

Enclosure



## Office of the Secretary of State

July 23, 2009

Albert H Cobb  
Cobb Allergy Clinic of San Marcos, P.A.  
101 Centerpoint Rd  
San Marcos, TX 78666

— **Annual Statement – Second Notification Letter**

Re: Cobb Allergy Clinic of San Marcos, P.A.  
File Number: **800058155**

Dear Registered Agent:

Our records show that the above referenced professional association was notified over ninety (90) days ago of the need to file with this office the report required by law. You are hereby notified that the professional association's status has been changed to delinquent as of the date of this letter for failure to file the report. The status may be changed to in existence by submitting the attached annual statement. It should be completed and received by this office on or before **October 21, 2009** to avoid the involuntary dissolution or termination of the domestic professional association or the revocation of the registration of the foreign professional association.

One copy of the required annual statement is enclosed, along with instructions for completing the statement. Make any necessary changes to the preprinted information by typing or printing the new information in the area provided. Submit the annual statement, along with the required filing fee that is shown on the attached statement, to the mailing address on the statement form. **Please make a copy of this statement prior to mailing and retain for the professional association's records.**

Please disregard this notice if you have mailed your document for processing within the last seven (7) days. If your records reflect that you filed the required report, please send a copy of your cancelled check showing payment of the filing fee.

For your convenience, the annual statement may be filed online through SOSDirect at <http://www.sos.state.tx.us/corp/sosda/index.shtml>.

If you have any questions about filing the annual statement or require assistance filing online using SOSDirect, please call 512-475-2705 or e-mail [ReportsUnit@sos.state.tx.us](mailto:ReportsUnit@sos.state.tx.us).

Sincerely,  
Reports Unit  
Business and Public Filings Division

Enclosure  
CERTIFIED MAIL



## Office of the Secretary of State

April 1, 2009

Albert H Cobb  
Cobb Allergy Clinic of San Marcos, P.A.  
101 Centerpoint Rd  
San Marcos, TX 78666

---

### Annual Statement – First Notification Letter

Re: Cobb Allergy Clinic of San Marcos, P.A.  
File Number: **800058155**

Dear Registered Agent:

A professional association is required by law to file an annual statement with the Secretary of State in June of each year. You are hereby notified that the above referenced professional association is required to file the annual statement at this time. This annual statement should be completed and received by this office on or before **June 30th**. Failure to file the annual statement when due will result, after notice, in the professional association's status being changed to delinquent and could ultimately result in the involuntary dissolution or termination of the domestic professional association or the revocation of the registration of the foreign professional association.

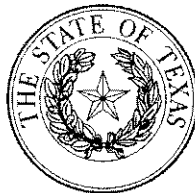
One copy of the required annual statement is enclosed, along with instructions for completing the statement. Make any necessary changes to the preprinted information by typing or printing the new information in the area provided. Submit the annual statement, along with the required filing fee that is shown on the attached statement, to the mailing address on the statement form. **Please make a copy of this statement prior to mailing and retain for the professional association's records.**

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If you have any questions about filing the annual statement or require assistance filing online using SOSDirect, please call 512-475-2705 or e-mail [ReportsUnit@sos.state.tx.us](mailto:ReportsUnit@sos.state.tx.us).

Sincerely,  
Reports Unit  
Business and Public Filings Division

Enclosure



## Office of the Secretary of State

July 22, 2008

Albert H Cobb  
Cobb Allergy Clinic of San Marcos, P.A.  
101 Centerpoint Rd  
San Marcos, TX 78666

— **Annual Statement – Second Notification Letter**

Re: Cobb Allergy Clinic of San Marcos, P.A.  
File Number: **800058155**

Dear Registered Agent:

Our records show that the above referenced professional association was notified over ninety (90) days ago of the need to file with this office the report required by law. You are hereby notified that the professional association's status has been changed to delinquent as of the date of this letter for failure to file the report. The status may be changed to in existence by submitting the attached annual statement. It should be completed and received by this office on or before **October 20, 2008** to avoid the involuntary dissolution or termination of the domestic professional association or the revocation of the registration of the foreign professional association.

One copy of the required annual statement is enclosed, along with instructions for completing the statement. Make any necessary changes to the preprinted information by typing or printing the new information in the area provided. Submit the annual statement, along with the required filing fee that is shown on the attached statement, to the mailing address on the statement form. Please make a copy of this statement prior to mailing and retain for the professional association's records.

Please disregard this notice if you have mailed your document for processing within the last seven (7) days. If your records reflect that you filed the required report, please send a copy of your cancelled check showing payment of the filing fee.

For your convenience, the annual statement may be filed online through SOSDirect at <http://www.sos.state.tx.us/corp/sosda/index.shtml>.

If you have any questions about filing the annual statement or require assistance filing online using SOSDirect, please call 512-475-2705 or e-mail [ReportsUnit@sos.state.tx.us](mailto:ReportsUnit@sos.state.tx.us).

Sincerely,  
Reports Unit  
Business and Public Filings Division

Enclosure  
CERTIFIED MAIL





## Office of the Secretary of State

April 1, 2008

Albert H Cobb  
Cobb Allergy Clinic of San Marcos, P.A.  
101 Centerpoint Rd  
San Marcos, TX 78666

---

### Annual Statement – First Notification Letter

Re: Cobb Allergy Clinic of San Marcos, P.A.  
File Number: **800058155**

Dear Registered Agent:

A professional association is required by law to file an annual statement with the Secretary of State in June of each year. You are hereby notified that the above referenced professional association is required to file the annual statement at this time. This annual statement should be completed and received by this office on or before **June 30th**. Failure to file the annual statement when due will result, after notice, in the professional association's status being changed to delinquent and could ultimately result in the involuntary dissolution or termination of the domestic professional association or the revocation of the registration of the foreign professional association.

One copy of the required annual statement is enclosed, along with instructions for completing the statement. Make any necessary changes to the preprinted information by typing or printing the new information in the area provided. Submit the annual statement, along with the required filing fee that is shown on the attached statement, to the mailing address on the statement form. **Please make a copy of this statement prior to mailing and retain for the professional association's records.**

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Sincerely,  
Reports Unit  
Business and Public Filings Division

Enclosure



## Office of the Secretary of State

July 30, 2007

Albert H Cobb  
Cobb Allergy Clinic of San Marcos, P.A.  
101 Centerpoint Rd  
San Marcos, TX 78666

— **Annual Statement – Second Notification Letter**

Re: Cobb Allergy Clinic of San Marcos, P.A.  
File Number: **800058155**

Dear Registered Agent:

Our records show that the above referenced professional association was notified over ninety (90) days ago of the need to file with this office the report required by law. You are hereby notified that the professional association's status has been changed to delinquent as of the date of this letter for failure to file the report. The status may be changed to in existence by submitting the attached annual statement. It should be completed and received by this office on or before **October 29, 2007** to avoid the involuntary dissolution or termination of the domestic professional association or the revocation of the registration of the foreign professional association.

One copy of the required annual statement is enclosed, along with instructions for completing the statement. Make any necessary changes to the preprinted information by typing or printing the new information in the area provided. Submit the annual statement, along with the required filing fee that is shown on the attached statement, to the mailing address on the statement form. **Please make a copy of this statement prior to mailing and retain for the professional association's records.**

Please disregard this notice if you have mailed your document for processing within the last seven (7) days. If your records reflect that you filed the required report, please send a copy of your cancelled check showing payment of the filing fee.

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Sincerely,  
Reports Unit  
Business and Public Filings Division

Enclosure



## Office of the Secretary of State

April 3, 2006

Albert H Cobb  
Cobb Allergy Clinic of San Marcos, P.A.  
1347 Thorpe Lane  
San Marcos, TX 78666

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### Annual Statement – First Notification Letter

Re: Cobb Allergy Clinic of San Marcos, P.A.  
File Number: **800058155**

Dear Registered Agent:

A professional association is required by law to file an annual statement with the Secretary of State in June of each year. You are hereby notified that the above referenced professional association is required to file the annual statement at this time. This annual statement should be completed and received by this office on or before **June 30th**. Failure to file the annual statement when due will result, after notice, in the professional association's status being changed to delinquent and could ultimately result in the involuntary dissolution or termination of the domestic professional association or the revocation of the registration of the foreign professional association.

One copy of the required annual statement is enclosed, along with instructions for completing the statement. Make any necessary changes to the preprinted information by typing or printing the new information in the area provided. Submit the annual statement, along with the required filing fee that is shown on the attached statement, to the mailing address on the statement form. **Please make a copy of this statement prior to mailing and retain for the professional association's records.**

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Sincerely,  
Reports Unit  
Business and Public Filings Division

Enclosure



## Office of the Secretary of State

April 1, 2005

Albert H Cobb  
Cobb Allergy Clinic of San Marcos, P.A.  
1347 Thorpe Lane  
San Marcos, TX 78666

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### Annual Statement – First Notification Letter

Re: Cobb Allergy Clinic of San Marcos, P.A.  
Filing Number: **800058155**

Dear Registered Agent:

Article 1528f, Section 21 of the Texas Professional Association Act requires professional associations to file an annual statement with the Secretary of State in June of each year. You are hereby notified that the above referenced professional association is required to file the annual statement at this time. The statement should be completed and submitted to the Secretary of State for filing by **June 30th**. Failure to file the annual statement when due will result, after notice, in the involuntary dissolution of the association.

One copy of the required annual statement is enclosed, along with instructions for completing the statement. Please make any necessary changes to the preprinted information by typing or printing the new information in the area provided. Any change to the name of the association requires an amendment to the articles of association. The professional association should submit the annual statement to the Secretary of State at the address on the enclosed form, along with the filing fee of **\$35.00**. **Please make a copy of this statement prior to mailing and retain for the professional association's records.**

For your convenience, Annual Statements may be filed online through SOSDirect at <http://www.sos.state.tx.us/corp/sosda/index.shtml>. The filing fee for filing online is **\$35.00**. If you require assistance to file online using SOSDirect, please call 512-475-2755 or e-mail [sosdirect@sos.state.tx.us](mailto:sosdirect@sos.state.tx.us).

If you have any questions, please contact the Reports Unit at 512-475-2705.

Sincerely,

Reports Unit  
Business and Public Filings Division

Enclosure  
UserID: System



## Office of the Secretary of State

August 20, 2004

Albert H Cobb  
Cobb Allergy Clinic of San Marcos, P.A.  
1347 Thorpe Lane  
San Marcos, TX 78666

-----  
RE: Cobb Allergy Clinic of San Marcos, P.A.  
File Number: 800058155

Dear Registered Agent:

Our records show that the annual statement for the referenced professional association has not been filed for this year. This letter is intended as notice of the delinquency under article 7.01 of the Texas Business Corporation Act.

If you have filed the annual statement, please send us a copy of your cancelled check showing payment of the filing fee. If the annual statement has not been filed, it **must** be filed within **90** days from the date of this letter to avoid involuntary dissolution of the association.

Two copies of the required annual statement are enclosed. Please make any changes to the preprinted information by typing or printing the new information in the appropriate area. Any change to the name of the association requires an amendment to the articles of association. The professional association should submit one copy of the statement to the Secretary of State at the address on the enclosed form, along with the filing fee of \$35.00. The other copy may be retained for the association's records.

For your convenience, Annual Statements may be filed online through SOSDirect at <http://www.sos.state.tx.us/corp/sosda/index.shtml>. The filing fee for filing online is \$35.00. If you have questions about online filing using SOSDirect, please call 512-475-2755 or e-mail [sosdirect@sos.state.tx.us](mailto:sosdirect@sos.state.tx.us).

Please contact the Reports Unit at 512-475-2705 if you require any further information.

Sincerely,

Business & Public Filings Division  
Reports Unit

Enclosure  
User ID: System  
CERTIFIED MAIL



## Office of the Secretary of State

May 7, 2004

Albert H Cobb  
Cobb Allergy Clinic of San Marcos, P.A.  
1347 Thorpe Lane  
San Marcos, TX 78666

-----  
RE: Cobb Allergy Clinic of San Marcos, P.A.  
File Number: 800058155

Dear Registered Agent:

Section 21 of the Texas Professional Association Act requires professional associations to file an annual statement with the Secretary of State in June of each year. The statement should be completed and submitted to the Secretary of State for filing by **June 30<sup>th</sup>**. Failure to file the annual statement will result, after notice, in involuntary dissolution of the association.

Two copies of the required annual statement are enclosed. Please mark any necessary changes to the preprinted information. Any change to the name of the association requires an amendment to the articles of association. The professional association should submit one copy of the statement to the Secretary of State at the address on the enclosed form, along with the filing fee of \$35.00. The other copy may be retained for the association's records.

For your convenience, Annual Statements may be filed online through SOSDirect at <http://www.sos.state.tx.us/corp/sosda/index.shtml>. The filing fee for filing online is \$35.00.

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Sincerely,

Business and Public Filings Division  
Reports Unit

Enclosure

UserID: System



## Office of the Secretary of State

Albert H Cobb  
Cobb Allergy Clinic of San Marcos, P.A.  
1347 Thorpe Lane  
San Marcos, TX 78666

RE: Cobb Allergy Clinic of San Marcos, P.A.  
File Number: 800058155

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Section 21 of the Texas Professional Association Act requires professional associations to file an annual statement with the Secretary of State in June of each year. Two copies of the required annual statement are enclosed. The filing fee is \$35.00.

The professional association should return one copy of the statement to the Secretary of State at the address on this letterhead. The other copy may be retained for the association's records.

The statement should be completed and submitted to the Secretary of State for filing by June 30<sup>th</sup>. Failure to file the annual statement will result, after notice, in involuntary dissolution of the association.

Please mark any necessary changes to the preprinted information. Any change to the name of the association requires an amendment to the articles of association. If you have any questions, please contact this office at the number below.

Sincerely,

Corporations Section  
Statutory Filings Division  
(512) 463-5582

Enclosure



## Office of the Secretary of State

May 20, 2002

Albert H Cobb  
Cobb Allergy Clinic of San Marcos, P.A.  
1347 Thorpe Lane  
San Marcos, TX 78666

RE: Cobb Allergy Clinic of San Marcos, P.A.  
File Number: 800058155

----

Section 21 of the Texas Professional Association Act requires professional associations to file an annual statement with the Secretary of State in June of each year. Two copies of the required annual statement are enclosed. The filing fee is \$35.00.

The professional association should return one copy of the statement to the Secretary of State at the address on this letterhead. The other copy may be retained for the association's records.

The statement should be completed and submitted to the Secretary of State for filing by June 30<sup>th</sup>. Failure to file the annual statement will result, after notice, in involuntary dissolution of the association.

Please mark any necessary changes to the preprinted information. Any change to the name of the association requires an amendment to the articles of association. If you have any questions, please contact this office at the number below.

Sincerely,

Corporations Section  
Statutory Filings Division  
(512) 463-5582

Enclosure





7160 3901 9848 6428 5708

3 Service Type **CERTIFIED MAIL**

4 Restricted Delivery? (Extra Fee) ☐ Yes

1 Article Addressed to

Cobb Allergy Clinic of San Marcos, P A  
Albert H Cobb  
1347 Thorpe Lane  
San Marcos, TX 78666

A Received by (Please Print Clearly) <i>Christine Cobb</i>	B Date of Delivery
C Signature <i>Christine Cobb</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
D Is delivery address different from item 1? If YES, enter delivery address below	<input type="checkbox"/> Yes <input type="checkbox"/> No

RECEIVED  
SECRETARY OF STATE  
AUG 26 2004  
CLK 249 - 78666  
AUSTIN, TEXAS  
2004-800058155

PAY TO THE ORDER OF  
TEXAS COMPTROLLER/SECRETARY OF STATE  
STATE OF TEXAS  
08/26/2004 05:00 PM  
Register Number: 68610130001



**ARTICLES OF ASSOCIATION**  
**OF**

FILED  
In the Office of the  
Secretary of State of Texas

FEB 22 2002

**COBB ALLERGY CLINIC OF SAN MARCOS, P.A.**

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Corporations Section

I, the undersigned natural person, subscriber to these Articles of Association, and a doctor of medicine duly licensed to render services as such under the laws of the State of Texas, do hereby establish myself as a professional association (herein called the "Association") under the Texas Professional Association Act, and do hereby, for this Association, adopt the following Articles of Association.

**ARTICLE I.**

**NAME**

The name of the Association is Cobb Allergy Clinic of San Marcos, P.A.

**ARTICLE II.**

**PRINCIPAL OFFICE**

The address of the principal office of the Association is 1347 Thorpe Lane, San Marcos, Texas 78666.

**ARTICLE III.**

**DURATION**

The period of duration of the Association is perpetual, subject to Section 8(B), Article 1528f, TEX. REV. CIV. STAT. ANN. No member of the Association shall have the power to dissolve the Association by his independent act of any kind.

## **ARTICLE IV.**

### **CONTINUITY**

The Association shall not be terminated, dissolved, or in any similar manner affected by the death, insanity, incompetency, conviction for felony, resignation, withdrawal, transfer of membership, retirement, or expulsion of any one or more of the members (except the last surviving member), the admission of or transfer of membership to any new member or members, or the happening of any other event which, under the laws of the State of Texas and under like circumstances, would work a dissolution of a partnership.

## **ARTICLE V.**

### **PURPOSE; QUALIFICATION**

A. The purpose of the Association is to conduct those professional services that a doctor of medicine, duly licensed under the laws of the State of Texas, is authorized to render, including, but not limited to, the practice of medicine, aid to the sick and afflicted, scientific study, investigation in medical research, providing related laboratory and clinical services, owning and holding such real and personal property as will be useful or necessary to the successful operation of the foregoing activities; provided always, however, that such professional services shall be rendered only through officers, employees, and agents who are duly licensed under the laws of the State of Texas to practice medicine therein. Subject to the provisions of the Texas Miscellaneous Corporation Act, the Association may do all and everything necessary and proper for the accomplishment of the stated purposes herein or the attaining of any of the objects or the furtherance of any of the purposes enumerated in these Articles of Association or any amendment thereof, necessary or incidental to the protection and benefit of the Association, and in general, either alone or in association with other firms, individuals, corporations, or associations, to carry on any lawful pursuit necessary or incidental to the accomplishment of the purposes or the attainment of the objects and the furtherance of such purposes or objects of this Association.

B. The incorporator, directors, and members are and shall always be duly licensed or otherwise legally authorized to render in Texas the specific kind of professional services to be rendered by the Association.

## **ARTICLE VI.**

### **REGISTERED OFFICE AND AGENT**

The street address of the initial registered office of the Association is 1347 Thorpe Lane, San Marcos, Texas 78666, and the name of its initial registered agent at such address is Albert H. Cobb, Jr., M.D.

## **ARTICLE VII.**

### **INITIAL MEMBERS**

The original member of the Association is licensed to perform the type of professional service for which the Association is formed. The name and address of the original member of this Association, who is a doctor of medicine, duly licensed under the laws of the State of Texas to render services as such, is:

Albert H. Cobb, Jr., M.D.

1347 Thorpe Lane  
San Marcos, Texas 78666

## **ARTICLE VIII.**

### **INITIAL DIRECTOR**

The Association shall be governed by a Board of Directors elected by the members. Each member of the Board of Directors must be a member of the Association. The initial Board of Directors shall consist of one (1) director; provided, however the number of directors may be increased or decreased from time to time as provided in the Bylaws of the Association. The name and address of the person who is to serve as director until the first annual meeting of the members, or until his successor or successors are elected and qualified, is:

Albert H. Cobb, Jr., M.D.

1347 Thorpe Lane  
San Marcos, Texas 78666

## **ARTICLE IX.**

### **SHARES**

The aggregate number of shares which the Association shall have authority to issue is 100,000 shares of One Dollar (\$1.00) par value per share. The shares shall have identical rights and privileges in every respect. The Board of Directors shall determine the consideration to be received for each share of ownership in the Association. None of the shares of this Association shall be issued to anyone other than an individual duly licensed to practice medicine in the State of Texas.

## **ARTICLE X.**

### **COMMENCEMENT OF BUSINESS**

The Association will not commence business until it has received for the issuance of its shares consideration of the value of One Thousand Dollars (\$1,000.00) consisting of money, labor done, or property actually received.

## **ARTICLE XI.**

### **DENIAL OF PREEMPTIVE RIGHTS**

No member of the Association or other person shall have any preemptive right to purchase or subscribe to any shares of any class or any notes, debentures, options, warrants or other securities, now or hereafter authorized.

## **ARTICLE XII.**

### **BYLAWS**

The initial Bylaws shall be adopted by the Board of Directors. The power to alter, amend, or repeal the Bylaws or to adopt new Bylaws is vested in the Board of Directors.

### **ARTICLE XIII.**

#### **NON-CUMULATIVE VOTING**

Directors shall be elected by majority vote of the holders of the stock of the Association. Cumulative voting shall not be permitted.

### **ARTICLE XIV.**

#### **MAJORITY VOTES**

A majority vote is sufficient for any action which requires the vote or concurrence of members, except as otherwise required by the Texas Professional Association Act, a member's agreement signed by all members of the Association, the Bylaws of the Association or these Articles of Association.

### **ARTICLE XV.**

#### **INTERESTED DIRECTORS AND OFFICERS**

Any director or officer of the Association may deal or contract with the Association as a vendor, purchaser, employee, agent, or otherwise. If the transaction between interested directors or officers and the Association is fair and beneficial to the Association and the director or officer personally involved has made full disclosure, a majority of the disinterested directors or a majority of the shareholders may ratify the transaction. The fact that the director or officer is interested shall be known or shall be disclosed to the Board of Directors or the members of the board present at any meeting of the Board of Directors at which action on the transaction is taken. Any interested director may be counted in determining the existence of a quorum at any meeting of the Board of Directors that authorizes or takes actions in respect to any transaction. Any action by the Board of Directors may be valid although an interested director takes part in the vote, unless the interested director's vote is required to authorize, approve, or ratify the transaction.

### **ARTICLE XVI.**

#### **INDEMNIFICATION**

The Association shall indemnify each of its officers, directors, and employees, whether or not then in office, and his or her heirs and legal representatives, against all expenses, judgments, decrees, fines, penalties, or other amounts paid in satisfaction, in settlement of, or in connection with the

defense of any pending or threatened action, suit, or proceeding, civil or criminal, to which he or she is or may be made a party by reason of having been a director, officer, or employee of the Association. Without limitation, the term "expenses" shall include all counsel fees, expert witness fees, court costs, and any other costs of a similar nature. The Association shall not, however, indemnify any officer, director, or employee until a determination that indemnification is permissible has been made by the procedure and according to the standards set forth in the Bylaws of this Association.

Any officer, director, or employee who is entitled to indemnification from the Association may make a written demand on the Board of Directors by serving the written demand on the President or the Secretary (unless the President and Secretary are both making the demand, in which case service may be made on any other officer of the Association). If the Board of Directors does not, within 15 days after service of the written demand, determine that the officer, director, or employee is entitled to indemnification, the officer, director, or employee may, within 60 days following the date of service of the demand, apply to a court of general jurisdiction in the county where the Association maintains its principal office to consider whether or not the officer, director, or employee has met the standards set forth in the Bylaws of this Association as to permissibility of indemnification. If the court determines that the conduct of the officer, director, or employee was such as to meet those standards, the court shall order the Association to indemnify the officer, director, or employee to the same extent as if the Board of Directors had originally made the determination.

## **ARTICLE XVII.**

### **STATUTORY BACKGROUND**

This Association is organized under the provisions of the Texas Professional Association Act (R.C.S. Art. 1528f §§ et seq.), which shall govern all relationships between the Association and its employees, patients, and creditors. The incorporators, directors, and members are duly licensed or otherwise legally authorized to render in Texas the specific kind of professional services to be rendered by the Association.

## **ARTICLE XVIII.**

### **INCORPORATOR**

The name and address of the incorporator is:

Albert H. Cobb, Jr., M.D.	1347 Thorpe Lane
	San Marcos, Texas 78666

**ARTICLE XIX.**

**EFFECTIVE DATE**

The Association shall be incorporated effective as of March 1, 2002.

IN WITNESS WHEREOF, we have hereunto set our hands this the 21<sup>st</sup> day of  
FEBRUARY, 2002.  
pc

  
\_\_\_\_\_  
**ALBERT H. COBB, JR., M.D.**

I:\6000s\6068\03\D\Articles of Assoc.wpd





## Office of the Secretary of State

File Number: 800058155

Filing Fee : \$35.00

1. The name of the professional association is:  
Cobb Allergy Clinic of San Marcos, P.A.
2. The address of the principal office of the association is:  
1347 Thorpe Lane,  
San Marcos, TX-78666
3. The street address of the registered office is:  
1347 Thorpe Lane,  
San Marcos, TX-78666  
(Make changes here):

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In the Office of the  
Secretary of State of Texas  
JUL 01 2002

### Corporations Section

4. The name of the registered agent at that address is:  
Albert H Cobb  
(Make changes here):
5. The names and addresses of all members of the professional association, all of whom are licensed to practice the profession for which the association is organized, are:

<u>Name</u>	<u>Mailing Address</u>	<u>Street Address</u>	<u>City/ State</u>
Albert H. Cobb, Jr. M.D.	PO Box 913 San Marcos, TX 78667	1347 Thorpe Lane San Marcos, TX 78666	

6. The names and respective addresses of officers are: (All officers must be licensed member(s) named in #5 above. One person may hold all offices in a one person association).

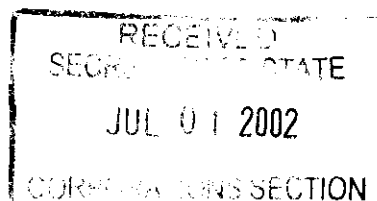
<u>Name</u>	<u>Title</u>	<u>Street Address</u>	<u>City/ State</u>
Albert H Cobb	Director	1347 Thorpe Lane	San Marcos, TX-78666

7. The names and addresses of all directors or executive committee members are: (must be licensed members named in #5 above)

<u>Name</u>	<u>Address</u>	<u>City/ State</u>
Albert H. Cobb, Jr. M.D.	1347 Thorpe Lane San Marcos, TX 78666	

A handwritten signature in black ink, appearing to read "Albert H. Cobb, Jr.", written over a horizontal line.

Signature by an officer





Office of the Secretary of State  
Corporations Section  
P.O. Box 13697  
Austin, Texas 78711-3697

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Secretary of State of Texas

SEP 01 2005

Corporations Section

**ASSUMED NAME CERTIFICATE  
FOR FILING WITH THE SECRETARY OF STATE**

1. The name of the corporation, limited liability company, limited partnership, or registered limited liability partnership as stated in its articles of incorporation, articles of organization, certificate of limited partnership, application for certificate of authority or comparable document is

Cobb Allergy Clinic of San Marcos PA.

2. The assumed name under which the business or professional service is or is to be conducted or rendered is

River City Medical

3. The state, country, or other jurisdiction under the laws of which it was incorporated, organized or associated is

HAYS

and the

address of its registered or similar office in that jurisdiction is

1347 Thorpe Lane San Marcos TX 78666

4. The period, not to exceed 10 years, during which the assumed name will be used is

5. The entity is a (check one):

A.

- |   |  |
|---|--|
| <input type="checkbox"/> Business Corporation                     | <input type="checkbox"/> Non-Profit Corporation              |
| <input type="checkbox"/> Professional Corporation                 | <input checked="" type="checkbox"/> Professional Association |
| <input type="checkbox"/> Limited Liability Company                | <input type="checkbox"/> Limited Partnership                 |
| <input type="checkbox"/> Registered Limited Liability Partnership |  |

B. If the entity is some other type business, professional or other association that is incorporated, please specify below (e.g., bank, savings and loan association, etc.)

6. If the entity is required to maintain a registered office in Texas, the address of the registered office is

259 N Union New Braunfels TX 78130

and the name of its registered agent

at such address is

Julie L. Lewis

The address of the principal office (if not the same as the registered office) is

1347 Thorpe Lane San Marcos TX 78666

7. If the entity is not required to or does not maintain a registered office in Texas, the office address in Texas is \_\_\_\_\_

and if the entity is not incorporated, organized or associated under the laws of Texas, the address of its place of business in Texas is \_\_\_\_\_

and the office address elsewhere is \_\_\_\_\_

8. The county or counties where business or professional services are being or are to be conducted or rendered under such assumed name are (if applicable, use the designation "ALL" or "ALL EXCEPT")

Gillespie - All

9. The undersigned, if acting in the capacity of an attorney-in-fact of the entity, certifies that the entity has duly authorized the attorney-in-fact in writing to execute this document.

By

Julie R. Davis

Signature of officer, general partner, manager,  
representative or attorney-in-fact of the entity

#### NOTE

This form is designed to meet statutory requirements for filing with the secretary of state and is not designed to meet filing requirements on the county level. Filing requirements for assumed name documents to be filed with the county clerk differ. Assumed name documents filed with the county clerk are to be executed and acknowledged by the filing party, which requires that the document be notarized.

Form No. 503  
Revised 9/99



Office of the Secretary of State  
Corporations Section  
P.O. Box 13697  
Austin, Texas 78711-3697

**FILED**  
In the Office of the  
Secretary of State of Texas  
SEP 01 2005

**Corporations Section**

**ASSUMED NAME CERTIFICATE  
FOR FILING WITH THE SECRETARY OF STATE**

1. The name of the corporation, limited liability company, limited partnership, or registered limited liability partnership as stated in its articles of incorporation, articles of organization, certificate of limited partnership, application for certificate of authority or comparable document is

Cobb Allergy Clinic of San Marcos, P.A.

2. The assumed name under which the business or professional service is or is to be conducted or rendered is

Hill Country Allergy Associates

3. The state, country, or other jurisdiction under the laws of which it was incorporated, organized or associated is HAYS and the

address of its registered or similar office in that jurisdiction is

1347 THORPE LANE SAN MARCOS TX 78666

4. The period, not to exceed 10 years, during which the assumed name will be used is

NINE YEARS

5. The entity is a (check one):

A.

- |   |  |
|---|--|
| <input type="checkbox"/> Business Corporation                     | <input type="checkbox"/> Non-Profit Corporation              |
| <input type="checkbox"/> Professional Corporation                 | <input checked="" type="checkbox"/> Professional Association |
| <input type="checkbox"/> Limited Liability Company                | <input type="checkbox"/> Limited Partnership                 |
| <input type="checkbox"/> Registered Limited Liability Partnership |  |

B. If the entity is some other type business, professional or other association that is incorporated, please specify below (e.g., bank, savings and loan association, etc.)

6. If the entity is required to maintain a registered office in Texas, the address of the registered office is 205 W. WINDRUST FREDERICKSBURG TX 78624

and the name of its registered agent

at such address is

Julie L Lewis

The address of the principal office (if not the same as the registered office) is

1347 THORPE LANE SAN MARCOS TX 78666

7. If the entity is not required to or does not maintain a registered office in Texas, the office address in Texas is \_\_\_\_\_


and if the entity is not incorporated, organized or associated under the laws of Texas, the address of its place of business in Texas is \_\_\_\_\_

and the office address elsewhere is \_\_\_\_\_

8. The county or counties where business or professional services are being or are to be conducted or rendered under such assumed name are (if applicable, use the designation "ALL" or "ALL EXCEPT")

ALL - COMA

9. The undersigned, if acting in the capacity of an attorney-in-fact of the entity, certifies that the entity has duly authorized the attorney-in-fact in writing to execute this document.

By   
Signature of officer, general partner, manager,  
representative or attorney-in-fact of the entity

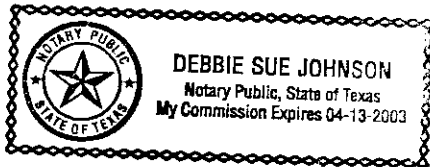
#### NOTE

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Form No. 503  
Revised 9/99

STATE OF TEXAS           §  
                                      §  
COUNTY OF   Dap     §

BEFORE ME, on this   1   day of   March  , 2002, personally appeared ALBERT H. COBB, JR., M.D., the President of COBB ALLERGY CLINIC OF SAN MARCOS, P.A., a Texas professional association, and acknowledged to me that he executed the foregoing certificate for the purposes therein expressed.



Debbie Sue Johnson  
Notary Public, State of Texas

I:\6000s\6068\03\D\Assume Name Cert.wpd