## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

	1990			İ	
DOCU L. Corporation	MENT # P950	00082409 (0	)		
WES1	COAST EAR, NOSE & TH	HROAT, INC.			
Principal Plac	e of Business	Mailing Address			
508 JEFFORDS STREET 508 JEFFORDS STREET		<del></del>			
		SUITE A	:1		
CLEARWATER FL 34616		CLEARWATER FL 3461	6		
				<ol> <li>Date Incorporated or Qualifit</li> <li>10/25/1995</li> </ol>	ed 3a. Date of Last Report
. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Cuito Act	H ata	26		59-3341	736 Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & Stat	te	City & State		6. Election Campaign Financin	Fee Required
]		28		Trust Fund Contribution	g \$5.00 May Be Added to Fees
Zip	Country	Zip	Country		for intangible tax under s 199.032,
	25	29	30		Yes No
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of Ne	w Registered Agent
A			81 Name	Smith tho	mas B
SITY, THOMAS B ESQ.		82 Street A	Address (P.O. Box Number is Not Acce		
	ECOND AVEUE NORTH		00		
SUITE			83		
OT DE					
ST. PE	TERSURG FL 33701		84 City		85 Zip Code
Pursuant     or registe	to the provisions of Sections 607 05	orida. Such change was authorize	es, the above-named coned by the corporation's l	rporation submits this statement for the board of directors. I hereby accept the	Purpose of changing its registered office
Pursuant or registe familiar w  IGNATURE	to the provisions of Sections 607.05 red agent, or both, in the State of Fic rith, and accept the obligations of, Se	orida. Such change was authorize ection 607.0505, Florida Statutes.	is, the above named co and by the corporation's b IE: Registered Agen't signature re	poard of directors. I hereby accept the a	purpose of changing its registered office appointment as registered agent. I am
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If of nereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under oath, that I am an officer or diffector 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 in Block 12 or Block 13 if changed, or or an attachment with an address.

SIGNATURE:

undy tole W Lance M, Cohen, MD.

MD.Y-J3-96 (\$13)441-35

CR2E034 (12/95