

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000082409 (0)

1. Corporation Name

WEST COAST EAR, NOSE & THROAT, INC.



Principal Place of Business

Mailing Address

508 JEFFORDS STREET
SUITE A
CLEARWATER FL 34616

508 JEFFORDS STREET
SUITE A
CLEARWATER FL 34616

3. Date Incorporated or Qualified

10/25/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3341738

Applied For

Not Applicable

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23

City & State

28

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

Zip

Country

29

Zip

Country

8. This corporation has liability for intangible tax under s 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SITY, THOMAS B ESQ.
150 SECOND AVENUE NORTH
SUITE 1100
ST. PETERSBURG FL 33701

81 Name

Smith, Thomas B

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME ALIDINA, ARIF A
STREET ADDRESS 3251 MCMULLEN BOOTH ROAD, SUITE 303
CITY-ST-ZIP CLEARWATER FL 34621

TITLE ☐ DELETE

NAME COHENNA, LANCE M
STREET ADDRESS 508 JEFFORDS STREET, SUITE A
CITY-ST-ZIP CLEARWATER FL 34616

TITLE ☐ DELETE

NAME BARNA, JAMES S
STREET ADDRESS 3251 MCMULLEN BOOTH ROAD, SUITE 303
CITY-ST-ZIP CLEARWATER FL 34621

TITLE ☐ DELETE

NAME MILLER, MITCHELL
STREET ADDRESS 508 JEFFORDS STREET, SUITE A
CITY-ST-ZIP CLEARWATER FL 34616

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby 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 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Lance M. Cohen, MD. 4-23-96 (813) 441-3587

Date

Daytime Phone

CR2E034 (12/95)