

DOCUMENT # P95000082409

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90050 025 ***150.00

1. Entity Name
West Coast Ear, Nose & Throat, Inc.
508 JEFFORDS STREET STE A
CLEARWATER FL 34616

Principal Place of Business Mailing Address
508 Jeffords St.
Ste A
Clearwater FL 34616

A0035176

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
59-3341738
Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Smith, Thomas B.
3251 McMullen Booth Rd
Suite 303
Clearwater FL 34616

7. Name and Address of New Registered Agent
Name JAMES BARNA MD
Street Address (P.O. Box Number is Not Acceptable)
3251 McMullen Booth Rd
Ste 303
City Clearwater FL Zip Code 34616

8. 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.

James Barua

4/7/00

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete ALIDINA, ARIE A. 3251 McMullen Booth Rd Ste 303 Clearwater FL 34621
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete COHEN, LANCE M. 508 Jeffords Street Ste A Clearwater FL 34616
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete BARNA JAMES S. 3251 McMullen Booth Rd Ste 303 Clearwater FL 34621
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete MILLER, MITCHELL 508 JEFFORDS ST. STE A Clearwater FL 34616
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete Anthony, STEVEN 8787 Bryan Dairy Rd Ste 340 LARGO FL 33777
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete STEINIGER, JOSEPH RICHEY MEDICAL CENTER 5341 GRAND BLVD STE 3 NEW PORT RICHEY FL 34652

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]

DIRECTOR

4/3/00

727-791-1368

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)